



**2018-2019 MEDICAL RELEASE AND CONSENT TO CARE**

**EMERGENCY INFORMATION FOR:** \_\_\_\_\_  
(Name of Rower)

Informed Consent for Emergency Treatment: In the case of an emergency and if I can not be reached, I authorize the staff of SORA to obtain whatever medical treatment he/she deems necessary for the welfare of my child. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment regardless of whether or not my medical insurance would cover such charges and fees. I am the parent or legal guardian of the minor, \_\_\_\_\_, and I am signing on behalf of said minor.

Print Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**FAMILY INFORMATION:**

**Parent/Guardian** \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**PERSON TO NOTIFY IN CASE NEITHER PARENT/GUARDIAN CAN BE REACHED:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE(S): \_\_\_\_\_

Please check with a physician before beginning the rowing program and list any medical problems or allergies or medications that the coaches should be aware of. You may attach an additional sheet and athletic physical. This information will remain confidential.

**HEALTH INFORMATION:**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Employer Group # \_\_\_\_\_

Policy Holder Name \_\_\_\_\_ Member # \_\_\_\_\_



**2018-2019 MEDICAL RELEASE AND CONSENT TO CARE (CONTINUED)**

Please advise us of any learning disabilities, emotional or physical conditions to assist us in providing the best rowing experience for your child:

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List any and all medications which your child will bring with him/her to practice/regattas: Medication, Medical Condition To Be Given When/How:

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**Allergies:** List all known allergies.

Medication allergies: describe reaction and management of the reaction:

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*Food allergies or dietary restrictions:*

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*Other allergies - include insect stings, hay fever, asthma, animal dander, etc:*

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**IMPORTANT! PLEASE READ AND SIGN BELOW**

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I am the parent or legal guardian of the minor \_\_\_\_\_, and I am signing on behalf of said minor.

Print Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



### SORA RELEASE AND WAIVER

IN CONSIDERATION of being given the opportunity to participate in any South Orlando Rowing Association. Inc. ("Club") activities ("Activity") until the end of this school year and the ensuing summer programs for the Club, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of Rowing Activities, both on water and land based, and that I am qualified, in good health, can swim adequately, and am in proper physical condition to participate in such Activity.
2. FULLY UNDERSTAND that: (a.); ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death including specifically, but without limitation, that at Moss Park where the Club holds practices and regattas, and other Activity, there are alligators, snakes and other wild animals in or about the lake, and that it is possible for rowing and other boats to be overturned or flipped in the water causing rowers to be plunged into the water ('Risks'); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, the weather, or the negligence of the Releasees names below; (c.); there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.
4. HEREBY RELEASE, discharge, and covenant not to sue, USRowing, the Club, Orange County Public Schools, their administrators, directors, board members, coaches, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including, without limitation, negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees, from any litigation's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim. I have read this agreement, fully understand its terms, understand that have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.
5. I understand that photos of my rower participating in SORA activities may be used for SORA promotional material. I allow for photos of my rower to be used in appropriate printed or online SORA marketing materials.

Printed Name of Participant/Rower: \_\_\_\_\_ Date: \_\_\_\_\_

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**PARENTAL CONSENT**

AND I, the minor's parent and/or legal guardian, have read the language above and understand it, understand the nature of rowing activities, the nature of Moss Park as aforesaid, and the minor's experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby release, discharge, covenant not to sue, and AGREE TO the aforesaid release and waiver on behalf of the minor, and agree to INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part as a result of the aforesaid Activity or by the operations of the Club, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim.

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature (Parent/Guardian)