



Manatee County Youth Rowing Medical Release

Name of Rower: _____ Date of Birth: _____

Home Address: _____

Parent/Guardian: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Medical Insurance Carrier: _____ Policy Group No.: _____

This application to travel and participate in the activities or events sponsored by Manatee County Youth Rowing (MCYR), is entirely voluntary on our part and is made with the understanding that we have not violated any of the eligibility rules and regulations for the Florida Scholastic Rowing Association or MCYR. It is also agreed that we will abide by all the rules set down by MCYR, its coaches and volunteers, desire that rowers and parents/guardians of rowers have a thorough understanding of the implications involved in a child participating in a voluntary extracurricular activity. For this reason it is required that each rower in MCYR, his/her parent, or guardian, read, understand and sign this agreement prior to the child being allowed to participate in any in-county, out-of-county or overnight crew trip.

1. I/We the undersigned, as parent, parents or guardian, give my/our consent for the rower identified herein to participate in this activity as a representative of MCYR or school club.
2. I/We will not hold MCYR coaches, board of directors, designated volunteers, agents, employees or anyone acting on MCYR's behalf responsible or liable for any injury occurring to the named rower in the course of such activities of such travel.
3. I/We release MCYR, its employees, and agents from all claims, costs, trips or extracurricular activities including any claims, costs or damages arising from the negligence of MCYR coaches, board of directors, designated volunteers, agents, employees or anyone acting on MCYR's behalf.
4. I/We understand that MCYR/club officials will not complete accident insurance forms. All claims under an insurance policy, or policies, for injuries while participating in MCYR/club events, shall be processed by the rower, his/her parent, parents or guardian through the rower's insurance and not through MCYR.
5. I/We hereby accept financial responsibility for equipment or property of MCYR lost or damaged by negligence by the rower identified herein.
6. I/We authorize MCYR to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the rower in the course of such activities or travel.
7. I/We also agree that the expenses for such transportation and treatment shall not be borne by MCYR coaches, board of directors, designated volunteers, agents, employees or anyone acting on MCYR's behalf.
8. I/We accept full responsibility and hereby grant permission for my son/daughter to travel on any approved MCYR/club trip. This statement remains in effect until the end of the MCYR/club spring season activities unless cancelled by me in writing to MCYR.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Athlete: _____ (Athlete if 18 years of age or more)

State of Florida, County of _____

The foregoing instrument was acknowledged before me this ____ day of _____, _____

by _____, who is personally known to me _____ or who has produced _____ (type of id), as identification.

Signature of Notary