



Belville Community Rowing

IN CONSIDERATION of being given the opportunity to participate in any US Rowing or Eagles Island Community Rowing dba Belville Community Rowing ("BCR") Activity which take place at the Belville Riverwalk Park site and/or at other locations, ("Activity"), including, but not limited to instruction, supervised rows, independent rowing, work days, and/or registered regattas, until the end of this calendar year, 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, and that I am qualified, can swim, and am in good health and 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 ("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, or the negligence of the Releasee named below; (c.) there may be other Risks or social and economic losses either unknown to me, BCR members, or event participants or not readily foreseeable at this time;
3. FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITIES FOR ALL LOSSES, COSTS, and DAMAGES I incur as a result of my participation in BCR Activities;
4. AGREE to join US Rowing, either as a Learn to Row Member, good for 60 days (\$10), or at the Basic Membership Level (\$25) for one year in order to be insured through USRowing's program. You must do this via US Rowing's website: <https://membership.usrowing.org/individual/join> using the following information: CLUB: Belville Community Rowing, USRA#: 11569, CLUB CODE: H3VMP. If you join as Learn to Row Member and later join the organization, you will need to pay for the Basic Membership in addition. If you become a member of BCR, you need to maintain your US Rowing membership in order to row.
5. AGREE AND WARRANT for each BCR Activity in which I take part, that if I observe any condition or Activity which I consider to be physically hazardous or dangerous, or that will damage BCR facilities and/or equipment, I will notify the proper authority and will refuse to take part in the Activity until the condition has been corrected to my satisfaction;
6. HEREBY RELEASE, discharge, and covenant not to sue US Rowing, BCR, Riverwalk Park of Brunswick County at Belville, their administrators, directors, agents, officers, employees, members, volunteers, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners, lessors or lessees, 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 Releasee or otherwise, including 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 expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.
7. BCR may record its activities with cameras or other electronic equipment, for publicity or other purposes. By signing this waiver form, you give permission to be recorded and for BCR to use these recordings.

I have read this agreement, fully understand its terms, understand that I 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 to 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.

Participant's Signature: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail address: _____

Emergency Contact Name/Phone: _____