



# MIAMI ROWING CLUB

## Application for the Adult Learn-to-Row Class

4 pages

**\*Required information to complete application.**

\*APPLICANT'S NAME: (Mr. / Ms. / Mrs.) \_\_\_\_\_ \*Date: \_\_\_\_\_

\*HOME ADDRESS: \_\_\_\_\_ \*APT. NO. \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP CODE: \_\_\_\_\_

\*BEST CONTACT PHONE: (\_\_\_\_\_) \_\_\_\_\_ \*E-MAIL: \_\_\_\_\_

\*DATE OF BIRTH: \_\_\_\_\_ \*GENDER: Male Female

\*DATES OF THE LEARN-TO-ROW CLASS YOU ARE APPLYING FOR: \_\_\_\_\_

(Available dates will be shown on the MRC website in the Rowing Programs

HOW DID YOU HEAR ABOUT LEARN-TO-ROW? MRC Website Friend/referral Flyer Online search

\*SIGNATURE OF APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE  
NOTE**

**Cost: \$ 298 for a 3 week, 21 hour course.**

Class space will be reserved only after payment is received.

Payment will not be accepted on class day so that time may be spent rowing and not doing paperwork.

Payment is due before start the program. We accept VISA, MASTER, DISCOVERY, check or cash

As classes are sequential, please make sure you can commit to the full 3 week course.

Refunds

There will be no refunds for missed regular classes, nor may payments be applied to future classes.

**CANCELLATION POLICY:** For a full refund, please notify us at least a week prior to class start if you wish to cancel so that those on the waiting list may be accommodated. No partial refunds are available.

MRC USE ONLY:

Date Application Received: \_\_\_\_\_ Method/Date of payment: \_\_\_\_\_

Location address: 3601 Rickenbacker Causeway, Virginia Key, Florida 33149



# M I A M I R O W I N G & W A T E R S P O R T S C E N T E R

[www.miamirowing.org](http://www.miamirowing.org)

## Release of Liability

IN CONSIDERATION of being given the opportunity to participate in any rowing activity, including scheduled, supervised club activities, during the dates listed below, 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, and 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 ("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 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 participant in Miami Rowing Club programs 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 the Miami Rowing Club, their administrators, directors, agents, officers, volunteers and employees, 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 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.

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.

Printed Name of Learn-to-Row Participant

Participant's Signature:

\_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY

STATE

ZIP

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Dates of LTR Classes: \_\_\_\_\_



**S W I M M I N G R E Q U I R E M E N T**  
FOR USE OF ANY ROWING EQUIPMENT ON THE WATER

I, the undersigned, can tread water for 15 minutes and swim 200 yards.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name



# MIAMI ROWING CLUB

## MEDICAL RELEASE – Adult Rower

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

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

EMAIL: \_\_\_\_\_

PHONE(S): HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PERSON TO NOTIFY IN CASE OF EMERGENCY:

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

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

EMAIL: \_\_\_\_\_

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 if necessary. This information will remain confidential.

This form authorizes emergency treatment for (name of rower) \_\_\_\_\_ in the event that it is required and an authorized adult cannot be reached to give such authorization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Insurance Information must be provided in case hospital treatment is required:

Name of Insurance Company: \_\_\_\_\_ Policy/Group#: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_

Location: 305-361-3225, 1100 Rickenbacker Causeway, Virginia Key, Florida 33149