**WAIVER AND RELEASE OF LIABILITY AND SWIMMING COMPETENCY FORM**

**Part 1 – Waiver and Release of Liability Form**

IN CONSIDEATION of being allowed to participate in the United States Rowing Association and/or the NEW ORLEANS ROWING CLUB, LTD. athletic/sports programs and related events and activities which might be held at Bayou St. John, Vista Shore Assisted Living Facility, New Orleans City Park or Lake Pontchartrain, I acknowledge that:

1. By virtue of my participation I risk bodily injury, paralysis, dismemberment, and death, and other loss including damage to property.
2. I knowingly and freely assume all such risk.
3. I release, hold harmless, and promise not to sue the officers, officials, agents, employees, members, or guests of the following entities: UNITED STATES ROWING ASSOCIATION, the NEW ORLEANS ROWING CLUB, LTD., VISTA SHORE ASSISTED LIVING FACILITY, NEW ORLEANS CITY PARK, CITY OF NEW ORLEANS, ORLEANS LEVEE DISTRICT, LAKE PONTCHARTRAIN and/or BAYOU ST. JOHN.

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VOLUNTEER/PARTICIPANT (signature)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOLUNTEER/PARTICIPANT (print name)

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**Part 2 - Swimming Competency Form**

I hereby acknowledge that I can **swim 100 yards** in a competent manner and can **remain afloat for at least 5 minutes.**

If I cannot swim 100 yards in a competent manner and or cannot remain afloat for at least 5 minutes, then I **MUST** wear a life jacket while on the water.

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VOLUNTEER/PARTICIPANT (signature)

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VOLUNTEER/PARTICIPANT (print name)

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**FOR VOLUNTEERS / PARTICIPANTS OF MINORITY AGE (less than 18 years of age)**

If the volunteer/participant is less than 18 years of age, then the parent or legal guardian must also sign below.

This is to certify that, as parent/guardian of this volunteer/participant, I do consent to his/her waiver and release and swimming competency part as set forth above.

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PARENT/GUARDIAN (signature)

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PARENT/GUARDIAN (print name)

DATE: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP