



Philadelphia City Rowing
450 Plymouth Road
Plymouth Meeting, Pa 19462

PARTICIPANT WAIVER

In consideration of PCR permitting my child to participate in PCR's activities and program, I, on behalf of myself and my child, hereby release, discharge, and agree to indemnify and hold harmless the City of Philadelphia (the "City"), PCR, and both the City's and PCR's officers, directors, employees, subcontractors, volunteers, and agents from any and all claims, liabilities, or causes of action arising out of (1) the student's participation in PCR's activities and programs, or (2) the student's use of PCR's rowing facility, equipment, or other premises where practices and competitions take place.

I hereby give my child permission to participate in any and all programs associated with PCR, including but not limited to, PCR's rowing and educational programs and field trips related thereto. I understand that PCR activities may include one or more of the following: rowing on the Schuylkill River; indoor training at venues to be specified; competing in regattas in and out of Pennsylvania; swim test and swim lessons; and other such activities, including tutoring and mentoring, as they related to the goals of PCR. It is anticipated that PCR will regularly utilize vans and/or cars to transport participants to practices, races, field trips, and other events. I hereby give my permission for my child to be transported either (i) with the entire team to these events in the vans and/or cars used by PCR for transportation to these events or (ii) in the event that vans and/or cars do not have capacity to transport all rowers, coaches, and other PCR officials and volunteers, in a bus or with one of PCR's employees, coaches, officials or other volunteers in a private automobile.

I further give my permission to PCR to give consent on my behalf in the event of the need for emergency administration of medical treatment which PCR, in its sole discretion, believes to be necessary and appropriate, including, without limitation, treatment by training First Aid personnel, EMTs, First Responders, Paramedics and Emergency Room Physicians. In consideration of PCR permitting my child to participate in PCR's activities and programs, I, on behalf of myself and my child, hereby release, discharge, and agree to indemnify and hold harmless the city, PCR, and both the City's and PCR's officers, directors, employees, subcontractors, volunteers and agents from any and all claims, liabilities or causes of action arising out of such treatment and with respect to the exercise of it and their judgement in this regard. I further attest that I have disclosed all vital and important health information (allergies, medications, and medical limitations on activities) which would be necessary for the proper care of my child. I agree to pay and to assume responsibility for all medical expenses incurred in the treatment of my child.

Child's Name _____

Parent/Legal Guardian Signature _____ Date _____

PLEASE MAIL TO:
Philadelphia City Rowing
450 Plymouth Rd, Ste 305
Plymouth Meeting, PA 19462

OR FAX TO:
610-825-3395