



## ASSUMPTION OF RISK, LIABILITY, RELEASE, AND INDEMNITY AGREEMENT

I, the undersigned, agree and understand that participation in rowing and other water-related activities at the Renton Rowing Center (RRC) involves potential hazards to me including, but not limited to drowning, collision with other boats, contusions or concussions, hypothermia, sunburn, back strain, and other personal injuries. I hereby ASSUME ALL RISK in connection with my participation in such activities and hereby RELEASE all persons or entities connected with RRC and the George Pocock Rowing Foundation (GPRF) from ALL LIABILITY for any injuries, death, or damages and from any claim by me, my family, estates, heirs, and assigns arising in any way from my participation, including any claim based upon the negligence of RRC or any other employees, agents, or representatives, and contractually PROMISE NOT TO SUE RRC or GPRF for any injuries or death.

In addition, I agree to defend, hold harmless, indemnify, and release RRC and GPRF, its officers, directors, employees, and agents from any and all claims, damages, or losses by me or my family, heirs, or assigns, arising out of my use of RRC, even if caused solely by the negligence of the RRC, the GPRF, its officers, directors, employees and agents. Furthermore, I assume complete responsibility for any property damage and/or personal injury that I cause, and will hold RRC and GPRF harmless therefrom.

I understand this agreement is a contract and shall remain in effect for the duration of my participation and use of RRC facilities and equipment and shall continue thereafter as to any occurrence during my participation and use of RRC. This agreement shall bind my heirs, personal representatives, assigns, and all members of my family, including minors.

PLEASE WRITE OUT THIS SENTENCE IN THE SPACE BELOW: I have fully informed myself of the contents of this Assumption of Risk, Liability Release, and Indemnity Agreement by reading before signing it, and do so of my own free will.

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Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participant's Signature (or parent/guardian if under 18): \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
Name Phone number