Renton Adult Crew: Medical Release and History

This form expires on 12/31 of the calendar year in which it was signed

Name of Participant: _____

I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia and/or blood transfusions to the above named person that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above named person to the hospital.

Participant Signature here:_____

I understand that the Renton Rowing Center, the George Pocock Rowing Foundation, and their officers, employees, and volunteers assume no financial obligation or liability in the case of my accident or illness. If I, or anyone on my or my behalf makes a claim against the Renton Rowing Center, the George Pocock Rowing Foundation, or their officers, employees, and volunteers arising out of or related to my participation in Renton Rowing Centers programs, I agree to indemnify and save and hold them harmless from any litigation expenses, attorneys' fees, loss, liability, damage, or costs they may incur due to the claim made against any of them, whether the claim is based on their negligence or otherwise. I sign this agreement on my behalf and on behalf of my personal representatives, assigns, heirs, and next-of-kin. I hereby give permission for emergency treatment for myself and assume financial responsibility for such treatment.

Participant Signature here**:** _____ Date: _____

Printed Name here: _____

First person to contact in case of emergency:

Name: _____ Phone (day): _____ Phone (eve):_____

Alternate person to contact in case of emergency:

Name: _____ Phone (day): _____ Phone (eve):_____

Physician: _____

Name Phone Address

Health Insurance Co. _____ **Policy #** _____

Asthma (circle) YES NO Does this person carry an inhaler? (circle) YES NO

Medical Concerns: _____

Any known allergies? _____

Limitations on Activities: (please be specific) _____