

BROCKVILLE ROWING CLUB INC.

FITNESS MEMBERSHIP APPLICATION

Name: _____ Email Address: _____

Address: _____ City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Cell: _____

Please complete this section if you are under 19 years of age.

Parent's Name: _____ Parent's Contact #: _____ Parent's Email: _____

Emergency Contact: _____ Emergency Phone: _____

Brockville Rowing Club Inc. Acknowledgement of Risks
BY SIGNING THIS YOU ACKNOWLEDGE THAT YOU ARE AWARE OF CERTAIN RISKS
Please read carefully!

ACKNOWLEDGEMENT OF RISKS

I am aware and understand that fitness training and weight lifting has inherent dangers, hazards, and risks (collectively called the "RISKS"). I understand that injuries from such RISKS are a possible occurrence of my training. The following is only a partial list of examples of these RISKS:

- IMPROPER USE OF EQUIPMENT
- EQUIPMENT FAILURE
- SUSTAINED RIGOROUS PHYSICAL ACTIVITY
- NEGLIGENCE OF OTHER MEMBERS
- TRAINING SITE HAZARDS

I acknowledge that it is my responsibility to act in such a manner as to be responsible for my own safety and to participate within my own limits.

Signature of Registrant

I, as a parent or guardian of the Registrant, acknowledge that, by my signing this document, I am, in addition to the registrant and others, assuming the responsibility to educate and inform the registrant of the RISKS. In addition, I have read and understand the registration policies of the Brockville Rowing club Inc.

Signature of Parent/Guardian

Date Signed

Brockville Rowing Club Inc.
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www.brockvillerowingclub.com