

Instruction Classes

Registration Form Palouse Junior Learn to Row

FOR YOUTH AGES 13-18

Please include each of the following for your registration to be complete and mail it to the address below and include the following:

1. Registration form
2. Risk and Release form
3. Payment (make checks payable to "WSU Men's Crew")

Travel to or from activity sites for this program are the responsibility of the participant. University Recreation and Washington State University are not responsible for any participant travel for this program.

A mandatory swim test must be completed at the WSU Student Recreation Center before your first session. For the first session it will be held on June 13 or June 14 starting at 6:30, 7:00, or 7:30pm. Those signing up for the second session will already have taken the swim test. The test will involve 2 laps and 10 minutes of treading water. Please check the box next to your preferred session(s).

<input type="checkbox"/>	Junior Learn to Row- 3 Week Session \$150
	June 16 – July 7
	Tuesday and Thursday 5:45 – 7:45 PM
	Saturday 9:15 – 11:15 AM
<input type="checkbox"/>	Junior Crew Development Camp- 5 Week Session \$200
	July 10 – August 11
	Tuesday and Thursday 5:45 – 7:45 PM
	Saturday 9:15 – 11:15 AM
	*Final fun-race regatta is scheduled for Aug. 11 in Coeur d'Alene, Idaho

**FOR YOUTH AGES 13-18
PARTICIPANTS MUST BE AT LEAST 13 YEARS OF AGE TO PARTICIPATE**

Personal Information	Emergency Contact
Participant Name:	Contact's Name:
Email:	Phone Number:
Address:	Daytime
Street:	
City/State/Zip:	
Phone Number:	University Recreation SRC 250 Men's Crew- LEARN TO ROW PO BOX 641830 Pullman, WA 99164-1830
Daytime	
Evening	



Palouse Junior Learn to Row

WASHINGTON STATE UNIVERSITY
UNIVERSITY RECREATION YOUTH ACTIVITIES WAIVER
ASSUMPTION OF RISK, RELEASE OF LIABILITY

PLEASE READ BEFORE SIGNING!

- In consideration for _____, born ____/____/____
(Print Name) (mm/dd/yy)
hereafter referred to as MINOR CHILD, being allowed to utilize the programs, services, facilities and equipment available in the University Recreation Youth Program and University Recreation facilities, **I voluntarily agree to assume all risks involved in my MINOR CHILD participating in or using the programs, services, facilities and equipment of the University Recreation Youth Program and University Recreation.** I understand that direct supervision by Washington State University staff may not be provided and by participating in or using University Recreation programs, services, facilities and equipment, **my MINOR CHILD is exposed to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, disfigurement, drowning or death.** I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my MINOR CHILD'S participation in or use of the programs, services, facilities and equipment of the SRC that cannot be specifically listed. Further, I recognize that the actions of other users of the SRC may cause harm or loss to my MINOR CHILD'S person or property.
- I, my heirs and assigns hereby release the State of Washington, the Regents of Washington State University, Washington State University, the University Recreation Department, and the employees, agents or representatives of Washington State University (hereafter referred to as the UNIVERSITY GROUP) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the UNIVERSITY GROUP that I, or my MINOR CHILD may otherwise sustain as a result of my MINOR CHILD'S participation in or using University Recreation programs, services, facilities and equipment. I also release the UNIVERSITY GROUP from loss or damage to the person or property of my MINOR CHILD caused by other users of University Recreation facilities.**
- If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable to the fullest extent permitted by law.
- By signing as the parent or guardian of the MINOR CHILD, I represent that I am the legal parent or guardian of the MINOR CHILD. I, the undersigned parent or legal guardian, acknowledge that I am also signing this Assumption of Risk and Release of Liability on behalf of the MINOR CHILD and that the MINOR CHILD shall be bound by the terms of this Assumption of Risk and Release of Liability.
- In the case of an emergency where I cannot be reached, I hereby give authorization to Washington State University, it's employees and the treating physician to obtain or provide what medical treatment is deemed necessary for the immediate welfare of my MINOR CHILD as named above.
- I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the UNIVERSITY GROUP and myself and on behalf of my MINOR CHILD (as named above), I sign it of my own free will.

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

Printed name of LEGAL Parent or Guardian #1 Signature of LEGAL Parent or Guardian #1 Date

Printed name of LEGAL Parent or Guardian #2 Signature of LEGAL Parent or Guardian #2 Date
(If available and applicable, we request the name and signature of two legal parents or two legal guardian's on this document.)

NOTE: It is strongly recommended that parents/legal guardians consult a physician prior to allowing their child to participate in physical activity.

If you have any questions regarding the language or details of this document prior to signing, please contact Joanne Greene at 509-335-9669.