



Princeton National Rowing Association (PNRA) Parental Release Form

This form must be completed in FULL, including signature of Parent or Guardian, and either brought to check in or mailed/faxed to PNRA. Athletes will not be allowed to participate without both the Parental Release and Health Form completed in full.

Athlete's Name: _____

Emergency Contact Name and Number: _____

I, _____, give permission for _____ to
(Parent or Guardian) (Name of Athlete)

Attend and participate in the PNRA/MERCER Rowing Program.

I authorize the staff of the program to use their best judgment in allowing my child to receive emergency medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action.

I hereby:

1. certify that, to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this program, understanding that this sport does involve the potential for injury.
3. agree not to hold the staff responsible for any injury sustained during program participation.
4. agree not to make any claims or demands against staff or PNRA for any injury sustained.
5. agree to allow the staff to use their judgment in obtaining necessary medical care, at the expense of the parent.

I can be reached by phone during the day at: _____ and in the evening
at: _____.

An alternative/emergency contact person is: _____ and can be reached
by phone at (Day) _____, (Eve) _____.

Insurance Carrier: _____

Policy Holder's Name: _____

In consideration for my son's/daughter's permission to participate in the rowing program, I release the Princeton National Rowing Association, its Board of Directors, officers, agents, employees, coaches and volunteers from any and all claims which my son/daughter may have as a result of personal injury or property loss arising out of or connected in any way with their participation in the rowing program.

(Signature of Parent)

(Date)

