

Booking and information form

# Group Rowing Programs

Flexible dates for small and large groups up to 24

## When and how to book

Bookings are best made well in advance. Once you have selected your date/s, please call Rowing School Victoria on **0415 803 032** to discuss the details of your booking and confirm the date/s are available.

To book the date/s, you need to complete the booking form, and send via email or post.

Please include the **\$100 deposit**. Receipt of deposit will be confirmed. Balance of payment is due prior to commencement of the program.



**Sue Chapman-Popa**  
Olympic rower & medalist  
Director, Personal trainer, Rowing coach

M. 0415 803 032  
E. [info@rowingschoolvic.com.au](mailto:info@rowingschoolvic.com.au)

PO Box 592, Malvern VIC 3144  
[www.rowingschoolvic.com.au](http://www.rowingschoolvic.com.au)

Join the conversation



## Guidelines

- Participants must be 13 years of age minimum – NO EXCEPTIONS
- Participants must be able to swim at least 100 metres in rowing attire.
- Dates and times to be arranged prior to commencement of program.
- Lesson length to be determined based on your individual needs.
- Selected sessions times are to be scheduled in between 8.00am – 4.00pm.
- **Minimum number of participants: 4**
- **Maximum number of participants: 24** (dependent on ability)
- All participants need to sign and return the Rowing School Victoria booking form and waiver included in this pack.

## All weather

Rowing School Victoria runs all weather programs. All programs will run rain or shine.

## What to bring

- Rowing Zootie, bike pants or old shorts (nothing loose like basketball pants)
- Water bottle
- Hat
- Sunscreen
- Sunglasses
- Thongs
- Socks and runners
- Towel
- Full change of clothes
- Jumper or wet weather top (nothing too good, it may get grease on it)

## Program costs

The final cost will be determined once the details of the booking are known. A **\$100 deposit** must be made at the time of booking.

## Cancellation and refund policy

- Your \$100 deposit is non-refundable on confirmation of booking.
- You will be invoiced for 50% of the value of your booking if cancellation occurs within four weeks of your program date.
- You must pay 100% if cancellation occurs within 7 days of your program date.
- You must pay for the number of people booked. Changes to final numbers are accepted no later than 7 days before the program date (this change must be in writing).

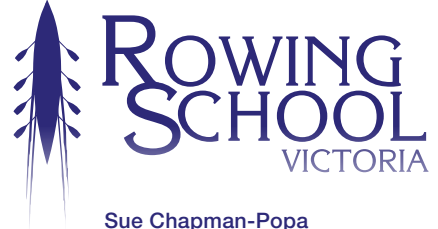
## Location

**Power House Rowing Club, Alexandra Avenue, Toorak**  
The Rowing Club is located near the intersection of Williams Road North and Alexandra Avenue on the banks of the Yarra River.

MELWAYS REF 58 G1 or REF 2M D1



# Booking form



Please fill out your registration and emergency contact details, then complete the waiver form. Return both forms via email [info@rowingschoolvic.com.au](mailto:info@rowingschoolvic.com.au) or mail to PO Box 592, Malvern VIC 3144

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Please include the \$100 deposit. Receipt of deposit will be confirmed.  
Balance of payment is due prior to commencement of the program.

Business, group or school name ..... Contact person .....

..... Direct phone .....

Address ..... Direct email .....

..... Total no.....of participants (at .....\$ pp\*)

.....Postcode ..... Total amount due \$.....

Phone ..... \*Final numbers needed 7 days prior to commencement of program.  
Cost varies depending on group size, session lengths and individual needs.

Fax .....

Email .....

**IMPORTANT: Each participant must complete and return the waiver form.**

## Program selection & payment

Selected day/s    M     T     W     T     F     Start time: ..... End time.....  
(between 8.00am and 4.00pm)

Selected date/s    1)...../...../..... 2)...../...../..... 3)...../...../..... 4)...../...../.....  
(if applicable)    5)...../...../..... 6)...../...../..... 7)...../...../..... 8)...../...../.....

### Agreement

As a designated representative of the school/group, I wish to confirm that I have read the booking information supplied by Rowing School Victoria and understand the obligations relating to our booking.

I agree on behalf of the school/group, to ensure that these obligations are met. I confirm that I understand that I am authorised to sign on behalf of the school/group and accept responsibility to ensure that this information is distributed as required.

Business, group or school contact person.....

..... Position .....

Signature ..... Date.....

### Payment options

Deposits and full payments can be made by the following payment options.

- CASH**                    to Sue Chapman-Popa  
                                  (prior to day of program)
- CHEQUE**                payable to S.C. POPA
- PAYPAL**                 suechapmanpopa@yahoo.com

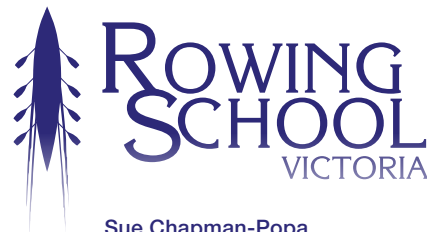
### DIRECT BANK DEPOSIT

Account name	S C Popa
Bank	Commonwealth Bank
Branch	Malvern
BSB	063 143
Account Number	1014 2313
Reference	Full name

I attach my bank receipt for payment made on \_\_\_/\_\_\_/\_\_\_ for \$\_\_\_\_\_ total

The reference details must include your name. If you are unable to supply a printout of the payment receipt with reference as requested above, you must email Rowing School Victoria at [info@rowingschoolvic.com.au](mailto:info@rowingschoolvic.com.au) or call Sue on 0415 803 032 and advise that payment has been made. If you cannot provide proof then it may be deemed unpaid.

# Waiver, informed consent, and covenant not to sue



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## Sue Chapman Popa / Rowing School Victoria Waiver, Release and Assumption of Risk

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

I, ....., have volunteered to participate in a program of physical exercise under the direction of Sue Chapman-Popa/Rowing School Victoria, which will include, but may not be limited to, rowing (sweep and sculling), ergometres, sessions in the rowing tank, general exercise, all weight and/or resistance training. In consideration of Sue Chapman-Popa/Rowing School Victoria agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless Sue Chapman-Popa/Rowing School Victoria, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT AND (3) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.

### Assumption of Risk

I, ....., recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and – in rare instances – death.

I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognize that an examination by a physician should be obtained by all participants prior to involvement in any exercise program.

If I, ....., have chosen not to obtain a physician's permission prior to beginning this exercise program with Sue Chapman-Popa /Rowing School Victoria, I hereby agree that I am doing so at my own risk.

**I can swim at least 100 metres in rowing attire** (please tick)

**I have had a tetanus shot in the last 10 years** (please tick)

In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate.

I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST SUE CHAPMAN-POPA/ ROWING SCHOOL VICTORIA FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

Participant's signature..... Date .....  
(guardian/parent to sign if participant is under 18 years)

Please print name ..... (guardians and parents only),

on behalf of.....