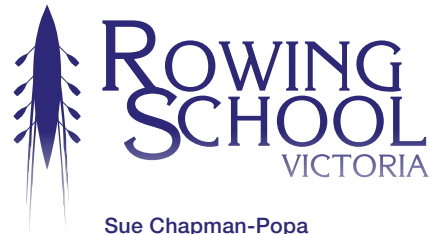


# Individual sessions Private lessons



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

M. 0415 803 032  
E. info@rowingschoolvic.com.au

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

Join the conversation  

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

### All weather

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

### 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



Name.....

Date of birth.....

Address .....

.....

.....Postcode .....

Phone.....

Email .....

Ambulance subscription YES  NO

Illnesses, medication or medical conditions that Rowing School Victoria need to be aware of (e.g. asthma)

.....

.....

Emergency contact.....

Emergency phone .....

Relationship .....

### Cancellation policy

Rowing School Victoria "no show" and 24 hour cancellation policy:

- All cancellations need to be received directly by Sue Chapman-Popa on 0415 803 032, or by text message (not by email).
- Any "no shows" and cancellations received within 24 hours of the scheduled session time will be charged the full session amount.

### Payment All levels

Once the rate for the individual session is established with Sue (0415 803 032) please fill in the amount below.

\$..... per person, per session..... x no. of sessions..... **Total \$**.....

### 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

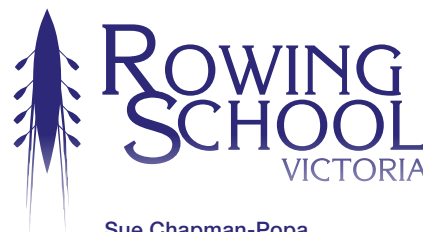
### DIRECT BANK DEPOSIT

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



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

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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.....