

Individual registration & waiver form

Once completed, please return via email info@rowingschoolvic.com.au (select "submit by email" below), or mail to: **164 Alexandra Ave, Toorak, VIC 3142**



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

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

164 Alexandra Ave, Toorak, VIC 3142
www.rowingschoolvic.com.au

Registration details

Full Name	Ambulance subscription	YES	NO
Group Name (if applicable)	Illnesses, medication or medical conditions that Rowing School Victoria need to be aware of (e.g. asthma)		
Date of birth / /			
Address			
Postcode	Emergency contact		
Phone	Emergency phone		
Email	Relationship		

(If under 18 years of age, please supply your parent's or guardian's email address)

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)

I have read and understood the "no-show" and "late cancellation" policies of Rowing School Victoria (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
(guardian/parent to sign if participant is under 18 years)

Date / /

Please print name

(guardians and parents only),

on behalf of