



ASSUMPTION OF RISK, LIABILITY, RELEASE, AND INDEMNITY AGREEMENT

I, the undersigned, agree and understand that participation in rowing and other water-related activities at the George Pocock Memorial Rowing Center (PRC) or Renton Rowing Center (RRC) involves potential hazards to me including, but not limited to drowning, collision with other boats, contusions or concussions, hypothermia, sunburn, back strain, and other personal injuries. I hereby ASSUME ALL RISK in connection with my participation in such activities and hereby RELEASE all persons or entities connected with PRC, RRC, and the George Pocock Rowing Foundation (GPRF) from ALL LIABILITY for any injuries, death, or damages and from any claim by me, my family, estates, heirs, and assigns arising in any way from my participation, including any claim based upon the NEGLIGENCE of PRC or any other employees, agents, or representatives, and contractually PROMISE NOT TO SUE PRC, RRC, or GPRF for any injuries or death.

In addition, I agree to defend, hold harmless, indemnify, and release PRC, RRC, and GPRF, its officers, directors, employees, and agents from any and all claims, damages, or losses by me or my family, heirs, or assigns, arising out of my use of PRC, even if caused solely by the negligence of the PRC, the RRC, the GPRF, its officers, directors, employees and agents. Furthermore, I assume complete responsibility for any property damage and/or personal injury that I cause, and will hold PRC and GPRF harmless therefrom.

I understand this agreement is a contract and shall remain in effect for the duration of my participation and use of PRC or RRC facilities and equipment and shall continue thereafter as to any occurrence during my participation and use of PRC or RRC. This agreement shall bind my heirs, personal representatives, assigns, and all members of my family, including minors.

PLEASE WRITE OUT THIS SENTENCE IN THE SPACE BELOW: I have fully informed myself of the contents of this Assumption of Risk, Liability Release, and Indemnity Agreement by reading before signing it, and do so of my own free will.

Printed Name of Participant: _____ Date: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

Participant's Signature (or parent/guardian if under 18): _____

EMERGENCY CONTACT: _____
Name Phone number