ROWING RIGHT

Group Waiver and Release Form

ROWING RIGHT urges all clients to obtain a physical examination from a doctor before engaging in any exercise program.

Rowing and related exercise activities are inherently dangerous activities in which participants and other individuals are under constant risk. I am fully aware of the potential dangers of engaging in exercise activities (such as resistance training, weight lifting, cardiovascular exercise, group exercise classes, rowing, any other exercise activity and massage therapy). In consideration of permitting me to participate in any exercise activity with **ROWING RIGHT**, at any premise including indoor and/or outdoor areas, I agree to voluntarily release from and assume all liability and damages, and agree to indemnify, defend, and hold harmless, **ROWING RIGHT** for any death, injury or damage suffered by any person, including myself, arising out of any of my activities with **ROWING RIGHT** even if the death, injury or damage is caused by **ROWING RIGHT's** own negligence.

If I have any physical limitations, I agree to advise **ROWING RIGHT** prior to any exercise/training session. I understand that **ROWING RIGHT's** coaches are not licensed medical professionals and that sessions are meant to be educational in content. I further understand that none of the information conveyed in a session is meant to be taken as a diagnosis and that I should see a physician for any medical conditions.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL LIABILITY. IN ADDITION, I DO HEREBY WAIVE ANY RIGHT THAT I MAY HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM FOR INJURY OR LOSS OF ANY KIND AGAINST **ROWING RIGHT** FOR NEGLIGENCE OR ARISING OUT OF OR RELATING TO MY PARTICIPATION IN ANY OF THE ACTIVITIES, OR USE OF THE EQUIPMENT, FACILITIES OR SERVICES **ROWING RIGHT** PROVIDES, OR ON ACCOUNT OF ANY ILLNESS OR ACCIDENT, OR DAMAGE TO OR LOSS OF MY PERSONAL PROPERTY IN CONNECTION WITH THOSE SERVICES.

I understand **ROWING RIGHT** keeps records of assessments, program design, objectives, and communication between **ROWING RIGHT** and the individuals we train. I understand that **ROWING RIGHT** does not accept insurance.

By signing below I agree that I am at least 18 years old, and agree to the terms contained within.

Name	Signature	Date

Name	Signature	Date