



PO Box 40625 | New Bedford, MA 02744 | Phone: (508) 517-1251 | Web: www.whalingcityrowing.org

**REGISTRATION FORM  
Independence Day Whaleboat Race  
July 3, 2010**

<b>YOUR NAME</b>			
<b>TEAM NAME</b>			
<b>RACE CATEGORY</b>	<input type="checkbox"/> Open: Everyone is allowed to compete in this category <input type="checkbox"/> Masters: Each rowers must be at least 50 yrs. Boatsteerer of any age <input type="checkbox"/> Youth: Each rower must be at least 13 yrs old and under 18		
<b>DIVISION</b>	<input type="checkbox"/> Men's: At least 4 male rowers <input type="checkbox"/> Woman's: Female rowers only <input type="checkbox"/> Co-ed: At least two female rowers and at least one male rower.		
<b>CAPTAIN</b>	(Contact person)		
<b>Names of Team Members</b>		<b>Fee Each</b>	Boatsteerers must be at least 100 lbs., at least 15 yrs. old and in the boat for the entire race; may be male or female. WCR will provide training.  All participants (including alternate) must submit Release of Liability Form included with this Registration.  You may register without a complete crew and inform us as changes are made.
Boatsteerer		\$25.00	
1		\$25.00	
2		\$25.00	
3		\$25.00	
4		\$25.00	
5		\$25.00	
6 (Alternate)		(\$25.00)	
<b>Total</b>			
<b>ORGANIZATION/CLUB</b>			
<b>YOUR ADDRESS</b>	NAME:	AGE:	SEX:
	ADDRESS:		
	CITY:	STATE:	ZIP:
<b>PHONE:</b> Day: ( )	Eve: ( )	Cell: ( )	
<b>Email:</b>			
<i>First 10 teams whose Registration Forms are received complete and fully paid will receive a complimentary souvenir IDWR T-shirt</i>	<input type="checkbox"/> Check enclosed: Payable to Whaling City Rowing. <i>Thanks!</i>		
	<input type="checkbox"/> MasterCard: <input type="checkbox"/> Visa (We can only process these two)		
<b>Today's Date:</b> _____	Exp. Date: mo:    yr:    Card #:		
	Signature: _____		
<b>Please mail completed form to Whaling City Rowing, PO Box 40625, New Bedford, MA 02744 Thank You!</b>			

## Release of Liability

IN CONSIDERATION of being given the opportunity to participate in any US Rowing activity, including scheduled, supervised Whaling City Rowing (WCR) activities, and registered regattas, until the end of this calendar year, I, for myself, my personal representatives, assigns, heirs, and next of kin.

1. ACKNOWLEDGE, agree and represent that I understand the nature of Rowing Activities, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.

2. FULLY UNDERSTAND that: (a.) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b.) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasee named below; (c.) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.

3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of US Rowing and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction.

4. HEREBY RELEASE, discharge, and covenant not to sue US Rowing, WCR, the Regatta, their administrators, directors, agents, officers, volunteers and employees, other participating regatta organizers, any sponsors, advertisers, and if applicable, owners and lessors of premises, on which the Activity takes place, (each considered one of the Releasees herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law.

5. I have been given a copy of WCR rowing rules, have read and understand them, and agree to abide by them at all times. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant:

\_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Participant's Signature: \_\_\_\_\_

### THIS SECTION FOR PARENTS OF MINORS ONLY:

Parental Consent (if participant is under the age of 18) AND I, the minor's parent and/or legal guardian, understand the nature of rowing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasee, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the

Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may incur as the result of any such claim, to the fullest extent permitted by law.

Printed Name of Parent/Guardian:

\_\_\_\_\_

Address: \_\_\_\_\_  
                  No.          Street                  City          State          Zip

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

: \_\_\_\_\_

Parent/Guardian Signature (If participant is under the age of 18)

**Please return completed form to Whaling City Rowing, PO Box 40625, New Bedford, MA 02744**