



Holston Rowing Club Visitor Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Birthdate: _____ Age: _____ Height: _____ Wt: _____

Parent/Guardian Name/Phone (if under 18): _____

Emergency Contact Name/Phone: _____

HRC Program Participation Waiver

By signing this waiver I hereby release Holston Rowing Club, the coaches, staff, board, and volunteers of any liability, including but not limited to injury, death, loss of property that may occur during my/ my child's participation in the sculling and sweeping trainings and programs provided by Holston Rowing Club. I realize that sculling and sweeping are action water sports and pose significant risks.

I further give Holston Rowing Club permission to use any publicly taken photography or other image it has of me for purposes of advertising, instructional video or other purposes.

Participant's Signature: _____ Date: _____

(Parent or Guardian's signature if participant is under 18 years)