Riverside Crew

Liability and Medical Release

It is understood and agreed that US Rowing, Riverside Crew, Riverside High School, and the hosting local regatta organization, representatives, officials, managers, coaches and/or owners of the meet site shall be free of any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event.

This release covers, but is not limited to, transportation to and from the regatta, practice sessions, lodging; regatta competition and team meetings while participating in this event.

Parent signature ________________________________ Date________________

I, ____________________________________, give my permission for the Riverside Crew coaches and chaperones to secure any and all necessary aid for:

Athlete's Name ____

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee is to be made to me as the results of treatments or exams by any physician or medical facility.

Parent or guardian signature_______________________ Date__________________

Prescription Medications or Over the Counter Medications

Athletes needing to take prescribed or over the counter medications will need to fill out this section with the following details for each medication. (Please use the back of this form if additional space is needed)

Name of Medication__________________________ Dosage______________________
Name of Medication__________________________ Dosage______________________

Over the counter medication permission is given as needed. (Tylenol, Advil, Tums)
Permission is given to administer Tylenol______, Advil ______ Tums _______ We will notify the parents before if we do.

Permission is not given to administer any over the counter medications. ____________

Emergency Medical Authorization

I hereby grant permission, in case of injury, to have an athletic trainer and/or medical doctor provide me with medical assistance and/or treatment.

Name_______________________________________ Date ____________________

Signature ____

If you are under 18 years of age, a parent/guardian must provide consent for you to be given medical assistance and /or treatment by signing below.

Signature of Parent/Guardian__________________________ Date______________

If said athlete is covered by any insurance company, please complete the following:

Name of Carrier: ____

Policy #____________________________________ Phone # ___________________

Address: ____

Insured Name ____