



Registration Form

Palouse Learn to Row

Please include each of the following for your registration to be complete and mail it to the address below and include the following:

1. Registration form
2. Risk and Release form
3. Payment (make checks payable to "WSU Men's Crew")

Travel to or from activity sites for this program are the responsibility of the participant. University Recreation and Washington State University are not responsible for any participant travel for this program.

A mandatory swim test must be completed at the WSU Student Recreation Center before your first session. The test for Adult Learn to Row and Experienced Adult Rowing- Session I will be on May 16 or May 17 starting at 6:30, 7:00, or 7:30pm. The test for Experienced Adult Rowing Session II will be on June 13 or June 14 starting at 6:30, 7:00, or 7:30pm. The test for Experienced Adult Rowing Session III will be on July 11 or 12 starting at 6:30, 7:00, or 7:30pm. The test will involve 2 laps and 10 minutes of treading water. Please check the box next to your preferred session(s).

<input type="checkbox"/> Adult Learn To Row- Session I \$175 May 19 – June 16 Monday and Wednesday 5:45 – 7:45 PM Saturday 9:15 – 11:15 AM	<input type="checkbox"/> Experienced Adult Rowing- Session I \$150 May 19 – June 16 Tuesday and Thursday 5:45 – 7:45 PM Saturday 7:00 – 9:00 AM
<input type="checkbox"/> Experienced Adult Rowing- Session II \$150 June 18 – July 14 Monday and Wednesday 5:45 – 7:45 PM Saturday 7:00 – 9:00 AM	<input type="checkbox"/> Experienced Adult Rowing- Session III \$150 July 16 – August 11 Monday and Wednesday 5:45 – 7:45 PM Saturday 7:00 – 9:00 AM *Final fun-race regatta is scheduled for Aug. 11 in Coeur d'Alene, Idaho
<input type="checkbox"/> Coxing- Sessions I-III \$16 May 19 – August 11 Same schedule as the Experienced Adult Rowing	

Personal Information	Emergency Contact
Participant Name:	Contact's Name:
Email:	Phone Number:
Address:	Daytime
Street:	
City/State/Zip:	
Phone Number:	University Recreation SRC 250 Men's Crew- LEARN TO ROW PO BOX 641830 Pullman, WA 99164-1830
Daytime	
Evening	



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WASHINGTON STATE UNIVERSITY UNIVERSITY RECREATION INSTRUCTION PROGRAM ASSUMPTION OF RISK AND RELEASE OF LIABILITY

PLEASE READ BEFORE SIGNING!

Assumption of Risk, Release of Liability and WARNING!

In consideration for being allowed to utilize University Recreation programs, services, facilities and equipment as well as traveling to or from any activity or program organized or affiliated with the University Recreation Department, either on or off any Washington State University properties, I voluntarily agree to assume all risks involved in participating in, traveling to or from, or using University Recreation programs, services, facilities and equipment. I understand that direct supervision by Washington State University staff may not be provided and by participating in, traveling to or from, or using the programs, services, facilities of University Recreation, I expose myself to the risk of injuries including but not limited to temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, head, neck or spinal injuries, loss of use of arms and/or legs, eye damage, emotional trauma, disfigurement, drowning or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in, traveling to or from, or use of University Recreation programs, services, facilities, and equipment that cannot be specifically listed. I also recognize that the actions of other users of University Recreation programs, services, facilities, and equipment may cause harm or loss to my person or property and agree to assume the risks of same.

Release of Liability

I, my heirs and assigns hereby release the State of Washington, the Regents of Washington State University, Washington State University, the University Recreation Department, and the employees, agents or representatives of Washington State University (hereafter referred to as the UNIVERSITY GROUP) from any and all liability, claims, costs, expenses, injuries or losses including those resulting from acts of negligence by the UNIVERSITY GROUP that I may otherwise sustain as a result of my participation in, traveling to or from, or using University Recreation programs, services, facilities and equipment. I also release the UNIVERSITY GROUP from loss or damage to my person or property caused by other users of University Recreation programs, services, facilities, and equipment.

If any part or portion of this Assumption of Risk and Release of Liability is determined to be invalid or unenforceable, the remaining parts or portions shall be enforceable. This release and all matters related to your activities involving Washington State University shall be governed by and interpreted in accordance with Washington law.

I have carefully read this Assumption of Risk and Release of Liability and fully understand its contents. I am aware that this Assumption of Risk and Release of Liability is a contract between the UNIVERSITY GROUP and myself and I sign it of my own free will.

Signature: _____ Date: _____

THIS DOCUMENT WILL BE CONSIDERED EFFECTIVE FROM THIS DATE FORWARD.

If participant is 17 years old or younger, please use a Youth registration form.

Name (please print): _____

Signature of the Witness to the Signing of this document: _____

Witness Name (please print) _____

NOTE: We strongly encourage you to consult with a physician before participating in any physical activity to determine any potential conditions that may adversely affect your participation. We encourage those with pre-existing conditions to wear a medical alert bracelet or neck tag indicating the appropriate medical information. We strongly recommend that all participants have a medical insurance policy, either through university offered programs or through an outside agency that will cover injuries or illness that may occur due to participation in or use of University Recreation programs, services, facilities and equipment. If you have any questions regarding the language or details of this document prior to signing, please contact Joanne Greene at 509-335-8732, SRC Room 250, WSU.

For Office Use Only	Date: _____	Amount: _____	Invoice #: _____
Form of Payment:	Cash	Check	Credit
			Cougar Cash
For Main Office Use	Entered into Database: _____		Initials: _____