

Sammamish Rowing Association Adult Medical History and Authorization

Name of Participant _____ Date of Birth _____

I recognize that any sports activity such as crew may involve certain dangers, including but not limited to the hazards of rowing, shell collision or upset, water immersion, lifting and carrying of shells and equipment, forces of nature, conditioning exercises and the actions of participants and other persons. Furthermore, I understand that S.R.A., King County Parks, the staff and all persons related directly or indirectly with the program assume no financial obligation or liability for any injury, illness or disability arising from my participation in the S.R.A. rowing program.

In the case of an accident or illness in which I am not able to give consent for medical care, I hereby give permission to be given emergency medical treatment.

Signature of Participant _____ Date _____

FIRST PERSON TO CONTACT IN AN EMERGENCY:

Name _____ Home Phone _____ Cell Phone _____

ALTERNATE PERSON TO CONTACT IN AN EMERGENCY:

Name _____ Home Phone _____ Cell Phone _____

PHYSICIAN: Name _____ Phone _____ City _____

ALLERGIES: _____

MEDICATIONS: _____

May sunscreen be applied during the day? Yes No

MEDICAL CONCERNS: _____

LIMITATIONS ON ACTIVITIES: _____

COMMENTS: _____
