

# **Braves Rowing, Inc.**

## Middle School Program

Braves Rowing, Inc.  
P.O. Box 560925  
Orlando, FL 32856-0925

**Thank you for your interest in our rowing program!**

**Braves Rowing, Inc. (BRI), is the 501(c)(3) non-profit organization that operates Boone, Crew, the Boone High School rowing team established in 1985. The following steps outline the registration process for BRI's rowing program:**

### **Braves Rowing, Inc. Requirements:**

1. Braves Rowing, Inc. Release and Waiver
2. Waiver & Release of Liability & Indemnity
3. Emergency Medical Treatment Authorization
4. Model Release
5. Contact Information
6. Swim Test Form
7. Physical forms to be filled out and signed by your child's physician (blue and gold physical forms available by request from your child's doctor)

Please print, complete and return ALL forms included in this packet. Completed forms may be scanned and e-mailed to the BRI Registrar [registrar@boonerowing.com](mailto:registrar@boonerowing.com) or mailed to Braves Rowing at the following address:

Braves Rowing, Inc. Attn: BRI Registrar  
P.O. Box 560925  
Orlando, FL 32856-0925

**Once your registration packet has been received, you will receive an invoice via email. Payment in full is due upon receipt and must be received prior to attending rowing activities.**

**No student may take part in rowing activities without first being cleared by the Braves Rowing Registrar. By submitting these forms you agree to the Braves Rowing Inc. rules and requirements and understand that not following these requirements could result in removal of your athlete from the Braves Rowing Middle School program.**

**Thank You for your interest. We look forward to an exciting season of rowing!**

# Braves Rowing, Inc.

## BRAVES ROWING, INC. RELEASE AND WAIVER

IN CONSIDERATION of being given the opportunity to participate in any William R. Boone High School Crew Team and/or Braves Rowing, Inc. ("Club") activities ("Rowing Activities", or the "Activity") for the Club, 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, can swim adequately, and am in proper physical condition to participate in such Rowing Activities.
2. FULLY UNDERSTAND that: (a) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death including specifically, but without limitation, that at Bill Frederick Park at Turkey Lake where the Club holds practices and regattas, and other Rowing Activities, there are alligators, snakes and other wild animals in or about the lake, and that it is possible for rowing and other boats to be overturned or flipped in the water causing rowers to be plunged into the water ("Risks"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Rowing Activities, the condition in which the Rowing Activities take place, the weather, or the negligence of the Releasees 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 Rowing Activities.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a member of the Club 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, the City of Orlando, the Club, Orange County Public Schools, and their respective directors, board members, coaches, 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 Releasees or otherwise, including, without limitation, 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's expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim.

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

Address: \_\_\_\_\_

\_\_\_\_\_  
Signature (only if age 18 or over) Phone: \_\_\_\_\_

### PARENTAL CONSENT:

AND I, the minor's parent and/or legal guardian, have read the language above and understand it, understand the nature of rowing activities, the nature of Turkey Lake as aforesaid, 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 the aforesaid release and waiver on behalf of the minor, 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 as a result of the aforesaid Activity or by the operations of the Club, 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 Releasees, 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.

Printed Name of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (only if participant is under the age of 18) Phone: \_\_\_\_\_

# Braves Rowing, Inc.

## WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

(US Rowing-Based Form – Florida Commercial/Non-Commercial Combined)

THIS Release is entered into as between \_\_\_\_\_ (Parent/Natural Guardian), as natural guardian and/or parent of \_\_\_\_\_ (Child's name), a minor child, and Braves Rowing, Inc., its officers, directors, members, employees and representatives (collectively, "BRI"), this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

### NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN:

**READ THIS FORM COMPLETELY AND CAREFULLY, YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF BRI USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE THAT YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM BRI IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND BRI HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

For and in consideration of BRI allowing my child to participate in the activities of or sponsored by BRI, I, for myself, and on behalf of my spouse, children, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability and Indemnity Agreement ("Agreement"):

I understand and acknowledge that water sports activities have inherent risks and dangers that no amount of care, caution or expertise can eliminate, including without limitation, the potential for serious bodily injury, permanent disability, paralysis and loss of life.

I further understand and acknowledge that my child will be engaging in activities that involve the risk of serious bodily injury, permanent disability, paralysis and loss of life, which might result not only from his/her own actions, inactions or negligence, but the action, inaction or negligence of another, the rules of play, or the conditions of the premises, water conditions or of any equipment used. I understand and acknowledged that there may be other risks not reasonably known at this time.

I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: BRI, its employees, officers, directors, administrators, agents, coaches, instructors, members, other participants, sponsoring agencies all of which are hereinafter referred to as "Released Parties", from any and all liability for any and all claims, demands, losses, or damages on account of injury, including death, or damage to property, caused or alleged to be caused by (i) risks inherent in the water sports activity undertaken by my child, and/or (ii) the negligence of the Released Parties or otherwise.

I further agree that I will not sue or make a claim on behalf of myself or my child against the Released Parties for damages or other losses sustained as a result of my child's participation in the water sports activity.

I further agree to indemnify and hold Released Parties harmless from all claims, judgments, and cost, including attorney's fees, incurred in connection with any action brought as a result of my child's participation in the water sports activity.

I further agree to indemnify and hold Released Parties harmless from all claims, judgments, and cost, including medical and/or attorney's fees, incurred if I choose to have my child transported via carpools with other rower's parents. I do so at my and my child's own risk.

This Agreement is specifically intended to comply with Section 744.301, Florida Statutes, and is intended to operate as a waiver of liability to the fullest extent allowed by law on the date on which it is signed. To the extent that any portion of this Agreement is found to be unenforceable under Florida law, only that portion of the Agreement shall be stricken and the remaining portions of the Agreement shall be enforced.

BY EXECUTING THIS AGREEMENT, I REPRESENT THAT I HAVE READ THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, INCLUDING THE ABOVE SECTION TITLED "NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN", AND THAT I FULLY UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND THAT I SIGN IT OF MY OWN FREE WILL ON BEHALF OF MYSELF AND MY MINOR CHILD.

\_\_\_\_\_  
Signature of Natural Guardian/Parent on behalf of

\_\_\_\_\_, a minor

\_\_\_\_\_  
(Date)

# Braves Rowing, Inc.

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Athlete's Legal Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Athlete's Date of Birth: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

My child is allergic to the following medications: \_\_\_\_\_

My child has the following allergies: \_\_\_\_\_

Please identify any serious injuries or illnesses your child has had: \_\_\_\_\_

\_\_\_\_\_

Alternate family member/friend to contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

*(All participants may be required to have insurance per OCPS Policy. Participants will be notified if insurance and proof of insurance is required. Write "none" if you have no personal insurance on this athlete at this time.)*

I understand if anyone falsifies any signature or information on this emergency treatment authorization, the student will be declared ineligible to participate in any BRAVES ROWING, INC. d/b/a Boone Crew ("BRI") activity (which includes, without limitation, participation in the Jr. Braves rowing program) for one full calendar year from disclosure date. I further give permission and authorize the officers, board members, program directors, coaches, school staff or other representatives of BRI, as agent(s) for the undersigned, to consent to any x-ray examination, and the anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or agent(s) to give specific consent to any and all such diagnoses, treatment or hospital care which the physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable. I further agree to hold said agents and their respective employees harmless in the administration of such assistance. I hereby authorize any hospital which provided treatment to the above named minor to surrender physical custody of such minor to my above named agent(s) upon completion of treatment. These authorizations will remain in effect for one (1) year from the date hereof unless revoked in writing and delivered to said agent(s).

I hereby acknowledge and certify that I have read the emergency medical treatment document, that I understand and agree with its terms, and that I make the following written declaration under Section 92.525, Florida Statutes: "Under penalties of perjury, I declare that I have read the foregoing Emergency Medical Treatment Authorization and that the facts stated in it are true." I agree to be bound by its terms and I have reviewed and explained the notice with my child.

I understand, authorize, and consent to the release of my child's or ward's protected health information to my child's or ward's coach, assistant coach, and to any adult chaperone who is transporting my child or ward or who is assigned to oversee my child or ward at any BRI event or trip of any kind on a strictly limited and need to know basis to protect the health and safety of my child or ward and the other student rowers who participate in BRI's rowing programs.

Printed Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Number/Street) (City) (State) (Zip Code)

If Participant is under 18, parent/guardian signature is required below.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Model Release Form - Consent, Waiver and Release

For and in consideration of benefits to be derived from the participation in BRI Programs, I, the responsible adult, do hereby consent, authorize and grant permission to the School Board of Orange County, Florida, Braves Rowing, Inc., and Boone High School Crew, its agents, employees or duly authorized representatives to take photographs, motion pictures or video tapes of said student, and do further consent to the publication, circulation and dissemination of said photographs, motion pictures or video tapes or any duplication or facsimile thereof for any purposes it may deem proper, including but not limited to use on the internet. In granting such permission, (I) (We) hereby relinquish and give to the School Board of Orange County, Florida and Braves Rowing, Inc., and Boone High School Crew all right, title and interest (I) (We) may have in the pictures, negatives, reproductions or copies, and further waive any and all right to approve the use of such photographs, motion pictures or video tapes and further do waive any right to compensation for the publication or other use of said photographs, motion pictures or video tapes and do release the School Board of Orange County, Florida, Braves Rowing, Inc., and Boone High School Crew, its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use.

I agree to the terms of the Model Release Consent, Waiver and Release above.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

# Braves Rowing, Inc.

## Rower Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

## Parent/Guardian Contact Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address (if different): \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Special or Medical Needs and IEP information if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Braves Rowing, Inc.

## SWIM TEST FORM

### Instructions:

- 1) Write Name of Participant on the Swim Test Form;
- 2) Have a certified Lifeguard/Water Safety Instructor observe you and complete for below
- 3) Return to BRI registrar with other paperwork

Name of Participant/Rower: \_\_\_\_\_

Name of Lifeguard/Water Safety Instructor: \_\_\_\_\_

Name of Pool: \_\_\_\_\_

Phone Number of Pool: \_\_\_\_\_

### Swim Test Certification:

I hereby certify that the participant can **swim 100 yards** in a competent manner and can **float or tread water (or any combination of the two) for at least 10 minutes.**

Signature of Lifeguard/Water Safety Instructor: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Swim Tests may be completed at Fort Gatlin Recreation Complex  
2009 Lake Margaret Drive, Orlando, FL 32806  
Please call Fort Gatlin to make an appointment: (407) 254-9820

Alternatively, you may check your local YMCA

If you have previously completed a swim test for Braves Rowing, you do not need to complete another one.

# Braves Rowing, Inc.

If you'd like to purchase a park pass, please complete and submit this form to the gate attendant at Bill Frederick Park.

If you choose to pay the \$5 entrance fee per visit, you DO NOT need to complete this form.



## MEMBERSHIP APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

FULL NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

☉ Individual Annual Pass \$30.14

☉ Family Annual Pass \$79.88

### Family Pass Household Member information (Only Household Family member)

1. Name _____	DOB _____	Age _____
2. Name _____	DOB _____	Age _____
3. Name _____	DOB _____	Age _____
4. Name _____	DOB _____	Age _____
5. Name _____	DOB _____	Age _____
6. Name _____	DOB _____	Age _____

**\*\*Upload photo\*\* \*\* Family Picture , Individual Photo\*\***

Send it to the email [BFPRENTALS@CITYOFORLANDO.NET](mailto:BFPRENTALS@CITYOFORLANDO.NET)