

# ORU-PDX Emergency Medical Release

(to be completed by Parent or Legal Guardian)



Name of Athlete \_\_\_\_\_

Birthdate \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Any Known Allergies (include food allergies) \_\_\_\_\_

Special Medical Conditions / Limitations \_\_\_\_\_

Medications Athlete is Taking \_\_\_\_\_

Does the Athlete carry an inhaler? YES \_\_\_ NO \_\_\_      Does the Athlete carry an epi-pen? YES \_\_\_ NO \_\_\_

Medical Insurance Company \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

## Emergency Contacts (in addition to the parent or legal guardian named below)

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to athlete \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to athlete \_\_\_\_\_

*In the event of an accident or injury to my child, or in the event of illness of my child while in, on, or about the premises of Oregon Rowing Unlimited-PDX (ORU-PDX), or while participating in any activity sponsored by or under the auspices of said organization under circumstances where I am unable to consent or am not present:*

*I hereby authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, anesthesia, and/or blood transfusions to my child that may be ordered by a physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I authorize any officer, employee, or volunteer of ORU-PDX coaching, administrative, or volunteer staff to consent to such medical care, attention, or treatment. I understand that ORU-PDX and its officers, employees, and volunteers assume no financial obligation or liability in the case of my child's accident, injury, or illness. I agree to pay the cost of such medical care, attention, or treatment and to indemnify and hold harmless ORU-PDX, its officers, members, staff, volunteers, and coaches or any other members thereof from any and all liability for such treatment, care, or attention including hold them harmless from any litigation expenses, attorney's fees, loss, liability, damage, or costs they may incur due to a claim made against any of them, whether the claim is based on their negligence or otherwise.*

*ORU-PDX will attempt to contact me before my child is treated, but treatment will not be withheld if I cannot be reached.*

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

# ORU-PDX Swim & Float Test



Safety is ORU-PDX's highest priority. Prior to participating in any water-based workout, all athletes must pass a swim and float test administered by a lifeguard or swim instructor certified by the American Red Cross or YMCA. This test can also be satisfied with a copy of an athlete's current WSI or Lifeguard certification. **All test arrangements are the responsibility of the camp registrant and should be made well in advance of the first day of the camp session.**

The swim and float test may be conducted at fitness clubs, city pools, recreational centers, etc., often for a nominal fee. Typically, the test will take place during a facility's lap-swim time or general swim session open to the public. **Please call ahead to your selected facility to make your arrangements.**

Area pools currently open, with COVID-19 safety precautions in place, include, but are not limited to:  
(Click on the links below for facility information)

- [Conestoga Recreation and Aquatic Center](#)  
9985 SW 125<sup>th</sup> Ave., Beaverton, OR 97008  
503-629-6313
- [Tigard-Tualatin Aquatic District](#)  
**Tigard Pool:** 8680 SW Durham Rd, Tigard 97224  
503-431-5455  
**Tualatin Pool:** 22380 SW Boones Ferry Rd, Tualatin, OR 97062  
503-431-5655
- [Lake Oswego School District Swimming Pool](#)  
2501 Country Club Rd, Lake Oswego, 97035  
503-534-2330
- [Raleigh Swim Center](#)  
3500 SW 78<sup>th</sup> Ave, Portland, OR 97225  
503-297-6888
- [Tualatin Hills Aquatic Center](#)  
15707 SW Walker Rd, Beaverton, OR 97006  
503-629-6310

## SWIM & FLOAT TEST REQUIREMENTS

**Print and take this form with you to your swim & float test.**

1. In deep water, and while wearing typical rowing apparel (shorts and a t-shirt, no shoes), float or tread water for a continuous 10-minute period.
2. While continuing to float, put on a personal flotation device (PFD) without touching the sides or bottom of the pool.

***I certify that the participant named below has successfully passed the ORU-PDX Swim & Float Test:***

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*Participant's Name (Please Print)*

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*Printed Name AND Signature of Certified Lifeguard/Swim Instructor who administered the Swim & Float Test*

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*Name of Pool Facility*

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*Test Date*

# ORU-PDX Liability Waiver



By signing below, I hereby verify that I have read and fully understand each of the following conditions for participation in Oregon Rowing Unlimited-PDX's (ORU-PDX's) Summer Learn-to-Row Camp, and on behalf of myself (if 18 years old) or my child, I accept each of the conditions below, especially the waiver and release set forth below. I hereby:

1. ACKNOWLEDGE and represent that I understand the nature of a Rowing Activity ("Activity") and that I am qualified, in good health, and in proper physical condition to participate in such Activity and that (a.) I can float or tread water for 10 minutes unassisted as indicated in my successfully completed Swim & Float Test form; (b.) I am at least 5'3" tall and weigh no more than 190 lbs; (c.) I am able to lift 25 lbs overhead.
2. FULLY UNDERSTAND that (a.) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including collision with other boats, contusions or concussions, hypothermia, sunburn, back strain, hairline fractures, permanent disability, paralysis, drowning, and death; (b.) these Risks and Dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the Releasee 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 Activity.
3. AGREE AND WARRANT that I will examine and inspect each Activity in which I take part as a participant of ORU-PDX 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 ORU-PDX, its administrators, directors, agents, officers, volunteers, and employees, 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 Releasee or otherwise, including negligent rescue or first aid 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 expenses, attorney fees, loss, liability, damage, or cost which any may incur as a result of such claim, to the fullest extent permitted by law. Furthermore, I assume complete responsibility for any property damage and/or personal injury that I cause, and will hold ORU-PDX (including administrators, directors, agents, officers, volunteers, and employees) harmless therefrom.

*I understand this agreement is a contract and shall remain in effect for the duration of my participation and use of ORU-PDX facilities, equipment, and/or programs, and shall continue thereafter as to any occurrence during my participation and use of such facilities, equipment, and/or programs. This agreement shall bind my heirs, personal representatives, assigns, and all members of my family, including minors. 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 to 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.*

**I REPRESENT THAT I HAVE READ THIS RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, AND THAT I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.**

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Signature of Participant (if age 18)

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Date

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Signature of Parent or Legal Guardian

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Date

# ORU-PDX Media Release



I hereby grant permission for audio recordings, video recordings, and/or digital photographs to be taken of my child(ren) during activities associated with, or entered into, with Oregon Rowing Unlimited-PDX (ORU-PDX) and its authorized representatives, including coaches, Board members, and volunteers. I authorize ORU-PDX and persons associated with the club to use audio recordings, video recordings, and/or images (collectively "media") of my child(ren) on its website, social media streams, and printed promotional materials without further consideration. I understand that the use of such recordings or images shall be without payment of fees, royalties, special credit, or other compensation. I acknowledge ORU-PDX's right to process the media (such as cropping and editing) at its discretion. The usage of photos of minors will not include names or any other identifying information unless first approved by a parent or a legal guardian.

*By signing this form, I agree to all of the above and release copyright on all images and videos taken by representatives of ORU-PDX.*

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*Signature of Participant (if age 18 or above)*

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*Date*

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*Signature of Parent or Legal Guardian*

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*Date*

# ORU-PDX COVID Participation Waiver and Sculling Protocols Agreement



## **ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO COVID-19**

COVID-19 is extremely contagious. Oregon Rowing Unlimited-PDX (ORU) has put in place preventative measures to reduce the spread of COVID-19, as required by Multnomah County; however, ORU cannot guarantee that you will not become infected with COVID-19. By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you may be exposed to or infected by COVID-19 by rowing at ORU; and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. You understand that the risk of becoming exposed to, or infected by, COVID-19 AT ORU may result from the actions, omissions, or negligence of others, including but not limited to, ORU employees, volunteers, and other ORU members. Further, by signing this agreement, you agree to hold harmless ORU, its employees, volunteers, board members and fellow members of the organization from all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relation to COVID-19.

*I REPRESENT THAT I HAVE READ THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY RELATING TO COVID-19, AND THAT I FULLY UNDERSTAND AND AGREE TO ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.*

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*Signature of U19 Athlete (Required)*

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*Date*

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*Signature of Parent/Legal Guardian of U19 Athlete (Required)*

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*Date*

## **PROTOCOLS FOR SAFE ROWING**

- I will not come to the ORU facilities if I, or a member of my household, exhibit ANY of the COVID-19 symptoms, including but not limited to: Fever of 100.4° or higher, or chills; Cough; Shortness of breath or difficulty breathing; Fatigue; Muscle or body aches; Headaches; New loss of taste or smell; Sore Throat; Congestion or runny nose; Nausea or vomiting; Diarrhea.
- I will follow all social distancing rules by standing at least 6 feet from others, even when carrying equipment (my own equipment or when helping others). I will not congregate in a group while waiting.
- I understand that I am to supply and wear my own nose-and mouth-covering mask at all times, on land and on the dock, and on the water when training in team boats.
- I will follow ORU's cleaning guidelines for cleaning the equipment.
- I will wash/sanitize my hands upon arrival and after practice.

*I REPRESENT THAT I HAVE READ THE PROTOCOLS FOR SAFE ROWING RELATING TO COVID-19, AND THAT I FULLY UNDERSTAND AND AGREE TO ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL.*

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*Signature of U19 Athlete (Required)*

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*Date*

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*Signature of Parent/Legal Guardian of U19 Athlete (Required)*

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*Date*