

**RAT ISLAND ROWING AND SCULLING CLUB**

P.O. Box 1702 - Port Townsend, Washington 98368

[www.ratislandrowing.org](http://www.ratislandrowing.org)

**NOVICE ROWING COURSE APPLICATION**

Date of application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name (please print): \_\_\_\_\_

Phone numbers: (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell) \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Emergency contact: \_\_\_\_\_

Phone numbers for Medical Emergency contact: \_\_\_\_\_

Please note any special limitations you have for the activity involved in rowing:

**Class Requested: (circle your preferred session)**

MAY    JUNE    AUGUST

Mailing address: \_\_\_\_\_

City and zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Send this form and the RELEASE OF LIABILITY form**

**(on back side) with \$25 deposit check to:**

**RIRSC at P.O. Box 1702, Port Townsend, WA 98368.**

**Please bring your completed float test form to first class, with balance of course fee. Forms and directions can be downloaded at [www.ratislandrowing.org](http://www.ratislandrowing.org).**

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P.O. Box 1702

Port Townsend, Washington 98368

FLOAT TEST: Every member in **RAT ISLAND ROWING AND SCULLING CLUB (RIRSC)** is required to successfully complete a float test prior to on-the-water participation. Failure to do so may invalidate **RIRSC** insurance provisions and result in immediate cessation of on-the-water participation.

Float tests must be taken at public swimming pools or public beaches under the supervision of a lifeguard certified by the American Red Cross. Any and all fees for float tests which may be charged by such facilities are the sole responsibility of the participant.

DIRECTIONS: In deep water, you must float, tread water, or swim in place for 10 minutes. In the final minute of the test, you must put on a life vest while continuing to tread water.

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FLOAT TEST

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

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

The above named individual has successfully passed a float test as required for participation/membership in **RAT ISLAND ROWING AND SCULLING CLUB**.

-----*FOR POOL USE ONLY*-----

POOL: \_\_\_\_\_

DATE: \_\_\_\_\_

LIFEGUARD VALIDATION: \_\_\_\_\_

Please return float test form to **RAT ISLAND ROWING AND SCULLING CLUB** at P.O. Box 1702, Port Townsend, WA. 98368.

## FLOAT TEST DIRECTIONS

The manager of the Port Townsend Municipal Pool is willing to have rowers take their float test at the pool, without charge, during regular lap swim times (these may change):

Mondays: 6:00 to 7:00 a.m., and 11:00 to 2:00

Tuesdays: 6:00 to 9:00 a.m., and 11:00 to 2:00

Wednesdays: 6:00 to 7:00 a.m., and 11:00 to 1:30

Thursdays: 6:00 to 9:00 a.m., and 11:00 to 1:00

Fridays: 6:00 to 7:00 a.m., and 11:00 to 2:00

Saturdays: 8:00 to 10:00 a.m.

Sundays: 12:00 to 1:00

The Municipal Pool is at the Mountain View Elementary School, located at the corner of Walker and Blaine.

It would be a good idea to call the pool ahead of time to confirm the time you plan to be there. The number is 385-7665.

You need to show that you can tread water or swim for 10 minutes in the deep end of the pool, and be able to put on a life jacket while in the water. They have a number of orange colored life jackets you can use. These are identical to the life jackets in the launch, so they are the type with which you need to be familiar.

Have the life guard on duty oversee your float, and sign the form when you have completed the float test.

If you have access to other pools, you are free to make similar arrangements with another pool to take your float test there.

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PO Box 1702  
Port Townsend, Washington 98368

**ROWING RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

IN CONSIDERATION of being given the opportunity to participate in any way in Rat Island Rowing and Sculling Club (RIRSC) activity, including scheduled, supervised club activities and other recognized club activities, 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 including, without limitation, both on water and land based, and that I am qualified, in good health, and in proper physical condition to participate in such Activity.
2. FULLY UNDERSTAND that: (a) ROWING ACTIVITIES INVOLVE RISKS AND DANGERS of serious bodily injury, including permanent disability, paralysis and death ("Risks and Dangers"); (b) these Risks and Dangers may be caused by my own actions, or inactions, the actions or inactions of others participating, the condition in which the Activities takes place, 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 DANGERS 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 of the rowing activities in which I take part 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 rowing Activities and will refuse to take part in the rowing Activities until the condition has been corrected to my satisfaction.
4. HEREBY RELEASE, discharge, and covenant not to sue RAT ISLAND ROWING AND SCULLING CLUB, the WOODEN BOAT FOUNDATION, or the NORTHWEST MARITIME CENTER, their administrators, directors, agents, officers, members, volunteers, and employees, other participants, regatta organizers, 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 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 expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim to the fullest extent permitted by law.
5. HEREBY ACKNOWLEDGE AND AGREE and by my signature below, or that of my parent or guardian, attest that 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.

PRINTED NAME OF PARTICIPANT \_\_\_\_\_

PARTICIPANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENTAL CONSENT AND I, the minor's parent and/or guardian, understand the nature of rowing activities and the minor's experience and capabilities and believe the minor to be qualified to participate in the rowing activities. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY 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 in part by the negligence of the Releasees or otherwise, including negligent rescue operations, 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 which any Releasee may incur as the result of any such claim to the fullest extent permitted by law.

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_

PARENTGUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(only if participant is under the age of 18)