

**Spokane River Rowing Association (SRRA)
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/boats and equipment, forces of nature, conditioning exercises and the actions of participants and other persons. Furthermore, I understand that **SRRA**, Gonzaga University, 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 **SRRA** 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 _____

Printed full name _____

Signature of Parent if Participant is under 18: _____

Printed full name _____

CONTACT(S) IN AN EMERGENCY:

Name (1) _____ Phone _____ Cell _____

Name (2) _____ Phone _____ Cell _____

PHYSICIAN: Name _____ Phone _____

ALLERGIES: _____

MEDICATIONS: _____

MEDICAL CONCERNS: _____

ARE YOU COVID 19 VACCINATED? YES _____ NO _____

LIMITATIONS ON ACTIVITIES: _____

COMMENTS:
