

Rideau Lakes Tour – May 27-28, 2023

Registration Form

Registration Deadline is May 1st

Name:			
Street/P.O. Box:			
City:	Province/Country:	Postal/ZIP Code:	
Phone number: H	Iome: ()	Cell: ()	
Email address:			
Emergency Contact: N	Jame:		
	Number:		
	Relationship to you: _		
Club/Association affilia	ution:		
• •	not a member of Ontario Adv ONE TIME ONLY GUEST	venture Rowing (OAR), visit the TRIAL PASS.	OAR website and become
RCA Number (required)		
As Simmons Cottages i with. Note that some ro	s a shared accommodation, p oms are shared as well. If yo	ottage for 2 nights, Friday, May 2 please indicate who you would lik ou don't have anyone in mind for nments and will do their best to n	te to share your cottage sharing, please let us
To share with:	N	lo one in mind	
Dinner on Saturday, Ma	ay 27 is included in your regi	istration.	
Do you have any food a	llergies / restrictions?Y	_/_ N	
If yes, what are they			
Do you wish to join us	for Friday night dinner at the	• Opinicon Resort?Y/_N	_

Please note: All registrants should be ready to share in coxing duties

Assumption of Risk, Liability Waiver, and COVID Conduct Agreement:

Assumption of risk: I recognise that the use of the facilities and services of Ontario Adventure Rowing (OAR), and the host club (ONEC), as well as rowing on open water and related activities, such as but not limited to, loading, rigging and derigging the boats, and launching, landing, and locking through, involve potential risks.

Liability Waiver: I undertake, in my personal capacity and on behalf of those whom I represent or have custody of, and my heirs and assigns, to indemnify and save harmless OAR, its officers, and the host club (ONEC), their officers and other representatives, and their successors, heirs and assigns, from and against all claims, damages, loss, costs and expenses relating to any injury including death, or loss of, or damage to, my or any third party's property arising out of or being incidental to my presence at the event.

COVID: I certify that I will obey all Covid public safety regulations and obey the OAR's COVID Protocol. I have received two doses of COVID-19 vaccines approved by Health Canada. I accept the risk that despite being vaccinated, I may contract COVID while participating in an OAR event.

Fitness to row: I am an experienced sculler, and I am fit enough to row 20 km in one day, and I can swim 50 m.

OAR Membership: I am a member of OAR (either individually or through my club).

Photo release (strike out if you do not agree): I consent to photographs being taken of me during my participation in this tour and to their use by the organizers and rowing organizations for promotional purposes.

I Agree to the terms of this waiver and provide my signature below as evidence of my agreement.

SIGNATURE

NAME PRINTED

DATE