

Icicle Chase 2023



Individual Entry Form

Name _____ RCA Number _____
E-mail address _____ Telephone Number _____
Club Affiliation _____ Emergency Contact Name _____
Emergency Contact Relationship and Telephone Number _____

Send the Entry Fee (\$50 Canadian funds) by Interac e-transfer to Peter Jepson at jepjepjeppo@gmail.com. Call 613-922-5144 if you wish to make other arrangements for payment. Send this form by 30 September to the same address. Include the Interac Security Question answer in your e-mail.

Agreement

Assumption of risk: I recognise that the use of the facilities and services of Ontario Adventure Rowing (OAR), as well as rowing on open water and related activities, such as, but not limited to, loading, rigging and derigging the boats, launching and landing, involve potential risks. I understand that the physical exertion related to rowing can result in injury.

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 Island Park RV Resort, 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, if any such is in effect on the date of the event. I have received at least 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, I am fit enough to row 20 km, and I can swim 50 m.

Photo Release: I consent to photographs being taken of me during my participation in the Icicle Chase and to their use by the organizers for promotional purposes. *(This paragraph may be struck out and initialed).*

OAR Membership: I am a member of OAR (either individually or through my club). I agree to the terms of this waiver and provide my signature below as evidence of my agreement.

Printed Name

Signature

Date