

SARASOTA SCULLERS
Youth Rowing Program, Inc.
125 Bayview Drive
Mailing address: P.O. Box 787
Osprey, FL 34229

PARENTAL PERMISSION AND CONSENT FORM

I, _____, consent and give permission for my child, _____, to leave the authority of Sarasota Scullers Youth Rowing Program, Inc. and its Agents and not return to Sarasota on the team bus. My child will be traveling with _____ for the return trip to Sarasota from the regatta that he/she traveled to on the team bus.

I understand that by signing this permission agreement I agree to hold the Sarasota Scullers Youth Rowing Program and its agents harmless and free of any and all liability regarding the transportation of my child for my actions herein.

OR

I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Sarasota Scullers Youth Rowing Program and its Agents from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or 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 any may incur as the result of any such claim, to the fullest extent permitted by law.

Parent/Guardian Signature

Date: _____

Regatta Location: _____

Approved by: _____

Date: _____