

WAIVER, RELEASE AND CONSENT TO LACTATE TESTING

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING.

In consideration of receiving lactate testing from _____ (the Coach) and Westerville Rowing Club, (and its employees, coaches, coxswains, apprentices and agents, here and after collectively referred to as WRC), I agree to the following:

I, _____ (clearly PRINT your name) have been fully informed of the inherent risks, associated with getting lactate testing. I fully understand that these risks, known and unknown, can lead to injury, including but not limited to fainting, bleeding, infection, scarring, and allergic reactions to latex gloves, and/or soap. Having been informed of the potential risks associated with getting lactate testing, I still wish to proceed with lactate testing and I freely accept and expressly assume any and all risks that may arise from testing.

I WAIVE AND RELEASE to the fullest extent permitted by law each of the coach and WRC from all liability whatsoever, for any and all claims or causes of action that I, my estate, heirs, executors or assigns may have for personal injury or otherwise, including any direct and/or consequential damages, which result or arise from the prick to obtain a blood sample, whether caused by the negligence or fault of either the coach or the WRC, or otherwise.

Both the coach and the WRC have given me the full opportunity to ask any and all questions about lactate testing and all of my questions have been answered to my total satisfaction.

The coach and WRC have given me instructions on the care of my pricked skin while it is healing, and I understand them and will follow them. I acknowledge that it is possible that pricked skin can become infected, particularly if I do not follow the instructions given to me.

I am not under the influence of alcohol or drugs, and I am voluntarily submitting to lactate testing by the coach without duress or coercion.

I do not have diabetes, epilepsy, hemophilia, a heart condition, nor do I take blood thinning medication. I do not have any other medical or skin condition that may interfere with the having a prick of the finger or earlobe to obtain a blood sample. I am not the recipient of an organ or bone marrow transplant.

I acknowledge that I have been given adequate opportunity to read and understand this document, that it was not presented to me at the last minute, and I understand that I am signing a legal contract waiving certain rights to recover against the coach and WRC.

If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I hereby declare that I am of legal age (and have provided valid proof of age) and am competent to sign this Agreement or it has been signed by my legal guardian.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Print Full Name: _____ Date of Birth: _____

Address: _____ Telephone: _____

Signature of Participant: _____ Date: _____