

Anchorage Rowing Association

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Email: _____

Float Test

Completed 10 minutes of treading water and then was able to put a life jacket on while still in the water.

Swimmer Signature

Date

Witness Signature

Date

Model Release

For valuable consideration, I hereby consent to being the subject of the photographs of Anchorage Rowing Association ("ARA") and hereby grant ARA, its legal representatives, agencies, assigns, successors and licensees the absolute right and unrestricted permission to copyright, use, or publish photographic portraits or pictures of me or in which I may be included in whole or part in conjunction with my own name or a fictitious name for art, advertising, trade or any other lawful purpose. I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in conjunction therewith. I hereby release and agree to hold harmless Photographer, its agents and successors from any and all claims for damages for libel, slander, invasion of privacy or any other claim based on the above described material.

Signature

Date

Parent or guardian

Printed Name

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