



Lyman Rowing Association

Rowing Bio

Name: _____

Birthplace: _____

Date of Birth: _____

Grade: _____

Years of Rowing Experience: _____

Scull Port Starboard

Height: _____

Weight: _____

Male Female

How did you become interested in rowing? _____

What is your favorite thing about rowing? _____

What are your favorite activities outside of crew? _____

What are your goals and aspirations in life? _____

If you have rowed before, or if you already have a favorite rowing moment, what is it?

Who is your biggest influence/ role model? _____

Do you have any relatives that have rowed? If so, who, and for which team? _____

What are you looking to get out of the rowing experience? _____



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Media Authorization and Release Form for Minors

I hereby authorize Lyman Rowing Association (“LRA”) and its agents, employees, licensees, representatives and assigns to copy, exhibit, publish or distribute any and all photographs and likenesses and biographical information of my child or ward, including those in which he/she appears with other individuals, and recordings of his/her voice, his/her writings in whole or in part, in all forms and media throughout the world and in perpetuity for purposes of publicizing or advertising LRA and its programs, or for any other ethical and lawful purpose. This includes but is not limited to print, billboard, radio and television advertising, the World Wide Web, social media, and school/ LRA and other third-party approved publications. Additionally, I waive any right to inspect or approve the finished product, including written copy, in which his/her likeness or voice or written words appear. I agree to notify LRA in writing if I later revoke this authorization.

I hereby hold harmless and release and forever discharge Lyman Rowing Association and all its agents, employees, licensees, representatives and assigns, and their successors, from all claims, demands and causes of action that I, my child or ward, or our heirs, representatives, executors, administrators, or any other people acting on behalf of myself, my child or ward, or our estates have or may have by reason of this authorization.

_____ Name of child (Please print)	_____ Parent Signature	_____ Date	
_____ Name of parent/guardian (please print)	_____ Relationship to child		
_____ Home Phone	_____ Work Phone		
_____ E-mail address	_____ Cell Phone		
_____ Street Address	_____ City	_____ State	_____ Zip Code