



MEDICAL RELEASE FORM FOR PARTICIPATION

Name: _____ DOB: _____

Review of Systems: _____

Medications: _____

Allergies: _____

Please list any physical limitations or health restrictions that may adversely affect their ability to row safely and or information you would like rowing coaches to know

I find, _____, in good health, free of any physical limitations and is able to participate in the WeCanRow coached rowing program.

MD/DO/NP/PA Name (print): _____

Street Address: _____

Phone Number: _____

Provider Signature: _____ Date: _____

(stamped signatures not allowed)