



Flip Test // Float Test Waiver

Member Name: _____

FLIP TEST

In lieu of an LWRC administered flip test, I hereby certify that I have previously passed a flip test and can successfully self-rescue from a flipped sculling boat.

Member Signature: _____ Date: _____

Member Printed Name: _____

As an LWRC coach or board member, I hereby certify that the above-named individual is not required to take an LWRC administered flip test.

LWRC Signature: _____ Date: _____

LWRC Printed Name: _____

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FLOAT TEST

In lieu of a life-guard certified float test, I hereby certify that I can swim or tread water for 10 minutes or more and can successfully put on a life jacket while treading water.

Member Signature: _____ Date: _____

Member Printed Name: _____

As an LWRC coach or board member, I hereby certify that the above-named individual is not required to take a float test.

LWRC Signature: _____ Date: _____

LWRC Printed Name: _____