

# SURF CAMP REGISTRATION

Student \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Student's Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Guardian's Home Phone \_\_\_\_\_

Please list any and all allergies including food, medications, insects, and jellyfish.

\_\_\_\_\_

Please list any special needs including diet, medications, and medical conditions.

\_\_\_\_\_

## **WAIVER AND LIABILITY RELEASE**

1. In consideration for permission to participate in the activities of the Souldiers of Surf Clinic, I release and discharge Jason and Mindi Paruta, the Souldiers of Surf Clinic from any and all liability, claims, rights or causes of actions that I or my executor, administrator, conservator, other legal representative, beneficiaries, heirs, or assigns may have for my child's death, and/or injuries or damages occurring to him/her arising out of the Souldiers of Surf Clinic activities and more specifically my child's use of the premises and sports venue, included to losses caused by negligence of said released parties and/or the condition of the premises.(Initial here\_\_\_\_)
2. I agree that I will not sue or make claim against the Released Parties for damages or other loses sustained as a result of my child's participation in the activities of the Souldiers of Surf Clinic, and specifically their use of the premises as a clinic and sports site. I also agree to indemnify and hold harmless from all claims, judgments and costs, including attorney's fees, incurred with any action brought by any party as a result of the activities of the Souldiers of "Surf Clinic and Release Parties.(initial here\_\_\_\_)
3. I hereby attest and verify that my child is physically fit and that his/her physical condition is good. I hereby consent for my child to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during the activity. I understand that sports and fitness activities have inherent dangers that no amount of care, caution, instruction, or expertise can eliminate, and I expressly and voluntary assume all risks of death or personal injury, known or unknown by the Released Parties, and any consequential damages, sustained while participating in the activities with the Souldiers of Surf Clinic and specifically his/her use of any premises as a Souldiers of Surf Clinic activity location, whether or not caused by the negligence of the Released Parties and /or the condition of the premises.(initial here\_\_\_\_)
4. I have read this entire agreement and release of liability. I fully understand its contents and meaning, and have initialed and signed it of my own free will on my own behalf(initial here\_\_\_\_)

Parent/Legal Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_