

All Students and guardians of participating students, prior to enrollment and participation in the School of Surf, LLC (Referred to herein and after in this document as School of Surf, LLC) must first read, then complete the following "Waiver of Liability and Acknowledgement Form."

I hereby agree that School of Surf, LLC, its owners, officers and instructors, are not in any capacity personally responsible or liable for any injuries or damage resulting from my participation in any School of School, LLC programs. I fully understand and acknowledge that surfing, skateboarding, body boarding, skim boarding, Indoboarding and crossing A1A are inherently dangerous activities. I acknowledge and assume any and all risks associated with the presence of any and all sea life that may be in the ocean or on the beach. YESNO(Please initial one) I hereby give my consent and approval Right to Photograph to the School of Surf, LLC that they shall have the right, without obtaining my further approval, to photograph, take motion pictures of, televise, or reproduce in any manner or through any media, images of myself, my child, and my legal guardians. The School of School, LLC shall have the right, without monetary compensation to myself, my child, and my legal guardians. The School of School, LLC shall have the right, without monetary compensation to myself, my child or my legal guardian. YESNO(Please initial one) I hereby authorize any physician or lifeguards selected by School of Surf, LLC personnel to orducr any mior medical or surgical procedures deemed necessary and authorize any School of Surf, LLC personnel to conduct my mior medical or surgical procedures deemed necessary and authorize any School of Surf, LLC personnel to conduct my mior medical or surgical procedures deemed necessary and authorize any physician or lifeguards belected by School of Surf, LLC personnel to conduct any mior medical or surgical procedures deemed necessary and authorize any School of Surf, LLC personnel to conduct my mior medical First Aid that may be required for my child, myself or my legal guardian for myself, my child or my legal guardian for myself, my child or fits any be required for my child myself and fully understand that each participant <u>muself</u> . No LLC activities I fully underst	(Students/Surfers Name) I hereby release School of Surf, LLC from or in any way connected with my p	participation in all surfing rela	c. I hereby grant permissio LC and participate in its ac ns, actions, damages, cos ted activities conducted by	n for myself or my child to ctivities. ts and/or expenses, arising / School of Surf, LLC.
I hereby give my consent and approval Right to Photograph to the School of Surf, LLC that they shall have the right, without obtaining my further approval, to photograph, take motion pictures of, televise, or reproduce in any manner or through any media, images of myself, my child and my legal guardians. The School of School, LLC shall have the right to display, use, sell or license any such pictures or other reproductions for any purposes, commercial or otherwise, without monetary compensation to myself, my child or my legal guardian. YESNO(Please initial one) I hereby authorize any physician or lifeguards selected by School of Surf, LLC personnel to conduct medical or surgical procedures deemed necessary and authorize any School of Surf, LLC personnel to conduct any minor medical First Aid that may be required for my legal guardian for myself, my child, myself or my legal guardian for myself, my child or my legal guardian in an emergency situation. I understand that I will be responsible for all hospital, laboratory and doctor fees. YESNO(Please initial one) I verify that I am in good health and am fully capable of participating in any and all strenuous activities associated with any School of Surf, LLC activities. I fully understand that each participating in any and all strenuous activities associated with any School of Surf, LLC activities. I fully understand that each participating in C	or liable for any injuries or damage resu understand and acknowledge that surfi are inherently dangerous activities. I ac all sea life that may be in the ocean or	ulting from my participation ir ng, skateboarding, body boa knowledge and assume any on the beach.	any School of School, LL ding, skim boarding, Indo	C programs. I fully boarding and crossing A1A
I hereby authorize any physician or lifeguards selected by School of Surf, LLC personnel to order and conduct medical or surgical proceedures deemed necessary and authorize any School of Surf, LLC personnel to conduct any minor medical First Aid that may be required for my child, myself or my legal guardian for myself, my child or my legal guardian in an emergency situation. I understand that I will be responsible for all hospital, laboratory and doctor fees. YESNO(Please initial one) I verify that I am in good health and am fully capable of participating in any and all strenuous activities associated with any School of Surf, LLC activities. I fully understand that each participant <u>must</u> be a competent swimmer and acknowledge that I am competent swimmer. YESNO(Please initial one) Students's Signature:, as the parent or legal guardian of,	I hereby give my consent and approval without obtaining my further approval, t through any media, images of myself, r display, use, sell or license any such pi monetary compensation to myself, my	Right to Photograph to the S o photograph, take motion pi ny child, and my legal guardi ctures or other reproductions child or my legal guardian.	ctures of, televise, or repro ans. The School of School	oduce in any manner or , LLC shall have the right to
YESNO(Please initial one) Students's Signature:Date/	I hereby authorize any physician or life surgical procedures deemed necessary First Aid that may be required for my cl emergency situation. I understand that YESNO(F I verify that I am in good health and am School of Surf, LLC activities. I fully und	guards selected by School of and authorize any School of hild, myself or my legal guard I will be responsible for all ho Please initial one) fully capable of participating	f Surf, LLC personnel to co ian for myself, my child or ospital, laboratory and doc in any and all strenuous a	onduct any minor medical my legal guardian in an tor fees. ctivities associated with any
I,		Please initial one)		
give my permission for my child or Ward to participate in School of School, LLC activities. I do understand and acknowledge the above stated risks associated with my child or Ward's participation in surfing related activities with the School of Surf, LLC.  Parent or Legal Guardian SignatureDate/Date/ Date/ EMERGENCY CONTACT INFORMATION: Cell Phone Relation: Relation:	Students's Signature:		Date	_//
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EMERGENCY CONTACT INFORMATION: Cell Phone Relation: Home Phone Ask for	give my permission for my child or War acknowledge the above stated risks as	d to participate in School of S	School, LLC activities. I do	understand and
Home Phone Ask for	Parent or Legal Guardian Signature_		Date_	//
	EMERGENCY CONTACT INFORMAT	ON: Cell Phone		Relation:
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	Email	Medical C	oncerns	