

YOUTH SUP CAMP INTAKE FORM

Please complete in its entirety. Scan or take a photo of this form and email it at least 24 hours prior to your class to: info@supnflow.com

Name of Parent/Gua	ardian:					
Cell #:		E	mail:			
Address:						
				de:		
Facebook:	Instagram:					
Children's name:						
	Age:	_ H:	W:	Allergies/Med.Cond:		
	Age:	_ H:	W:	Allergies/Med.Cond:		
	Age:	_ H:	W:	Allergies/Med.Cond:		
Other info:						

Prepare for class:

Wear dry fit athletic clothing (no cotton), hat and sunscreen. No flip flops -barefoot or water shoes.

Bring your water bottle. Bring your life jacket if you have. Bring a big smile!

PLEASE TURN PAGE AND COMPLETE

-	Can we send you one-off emails about upcoming classes, events, camps.	YES	NO
-	Can we take your photo/video to show-off our activities on social media?	YES	NO
Th wi	(Initial here:) I am an adult at least 18 years of age. My child/children are confidency have no medical or physical conditions, which could interfere with the safety in this actilling to assume and bear the costs of all risks that may be created, directly or indirectly, by ild/children participating in any activity from SUP&FLOW (or "Lessor")	vity. I am	iers.
or I a pa tha de	(Initial here:) I assume full responsibility for any risks, injuries, illnesses or dam unknown, which I might incur as a result of my child/children participating in Stand Up Pacism aware that Paddleboarding involves risks, dangers and hazards. Acceptance or use of the iddleboard and its accessories by the undersigned "Lessee" will be deemed to be an acknown at the equipment is in good operating condition. Lessee has notified Lessor as to any defect officiencies with respect to the condition of the equipment or its accessories, and hereby acknown at the paddleboard and its accessories were received in satisfactory condition.	ldleboardi he owledgem cts or	ing. ient
eq pri	(Initial here:) I acknowledge that I am financially responsible for any and all loss an uipment incurred during my child/childrens' participation in the activity. This includes any divate and public property, the board, the paddle and all accessories. An administration fee ded to the replacement total cost.	amage to)
da kn	(Initial here:) I understand that Stand Up Paddleboarding has inherent risks, hazardingers for anyone, which cannot be eliminated. I am voluntarily using the services of Lesso owledge of the inherent risks, hazards, and dangers and hereby assume and accept any auries, illnesses, paralysis or death.	r with full	(S,
int vo ard ind dir in su ca	(Initial here:) I, for myself, my heirs, successors, executors and subrogates, knowle entionally waive and release, indemnify and hold harmless Lessor, their agents, employee lunteers from and against any and all claims, actions, causes of action, liabilities, suits, experented to, arise out of, or are in any way connected with my, or my party's participation in cluding, without limitation, negligence of any kind or nature, whether foreseen or unforesee ectly or indirectly out of any damage, loss, injury, paralysis, illness or death to me as a rest the activities or the use of the paddleboard equipment, even without using a life vest, whether chamage, loss, injury, illness, paralysis or death results from negligence of Lessor or from use. And I further agree not to sue Lessor as a result of any injury, illness, paralysis, or demonstration with my child/children participation in the activities of SUP&FLOW.	s and penses, we the active n, arising ult of engine or not me some o	vity aging t
7.	(Initial here:) My child/children will follow all SUP&FLOW's safety protocols and d	lirections.	
do	have read the above release and waiver of liability and fully understand its contents. By sign ocument, I swear that I am of 18 years of age or older and voluntarily agree to the terms an ated above.		ns
	SIGNATURE OF PARENT PRINT NAME	DATE	

SUP&FLOW info@supnflow.com www.supnflow.com FB/INST @supnflow +1(403) 835-8441