



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, \_\_\_\_\_, agree to assume all risks to participation in surfing related activities Associated  
(Students/Surfers Name) with the School of Surf, LLC. I hereby grant permission for myself or my child to attend the School of Surf, LLC and participate in its activities.

I hereby release School of Surf, LLC from any and all liabilities, claims, actions, damages, costs and/or expenses, arising from or in any way connected with my participation in all surfing related activities conducted by School of Surf, LLC. 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.

YES \_\_\_\_\_ NO \_\_\_\_\_ (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 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.

YES \_\_\_\_\_ NO \_\_\_\_\_ (Please initial one)

I hereby authorize any physician or lifeguards selected by School of Surf, LLC personnel to order and 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 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.

YES \_\_\_\_\_ NO \_\_\_\_\_ (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 must be a competent swimmer and acknowledge that I am competent swimmer.

YES \_\_\_\_\_ NO \_\_\_\_\_ (Please initial one)

**Students's Signature:** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, as the parent or legal guardian of, \_\_\_\_\_,  
(Guardian Name) (Students Name)

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 Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

EMERGENCY CONTACT INFORMATION: Cell Phone \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone \_\_\_\_\_ Ask for \_\_\_\_\_

Email \_\_\_\_\_ Medical Concerns \_\_\_\_\_