Office Use Only	
Name:	
L Date:	
PF:	
AmC [*]	

UNCONDITIONAL WAIVER, FULL GENERAL RELEASE AND ASSUMPTION AND ACKNOWLEDGEMENT OF RISKS

In consideration of being allowed to participate in any way in the Florida Surf	
Lessons program, in related events and activities, I,	,
the undersigned, acknowledge, appreciate and agree that:	

- (1) The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and
- (2) I knowingly and freely assume all such risk, both known and unknown, even if arising from the negligence of the releasee(s) or others, and assume full responsibility for my participation; and
- (3) I willingly agree to comply with the stated and customary terms and conditions for use of the surfing equipment while participating. If, however, I observe any unusual significant hazard during my presence or participation, I will bring each to the attention to the nearest official immediately; and
- (4) For myself and on behalf of my heirs, assigns, personal representatives and next of kin, I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Company (including Company's affiliates, parents, subsidiaries, owners, partnerships, joint ventures, partners, officers, directors, co-venturers, corporations, companies, business entities, agents, contractors, sub-contractors, attorneys, predecessors, successors, heirs and assigns, and all affiliates of each of the foregoing) for any and all loss or damage, and any claim or demands, damages, actions, causes of action, suits in equity of whatever kind or nature therefore on account injury to the person or property or resulting in my death, whether caused by the negligence of the Company or otherwise

(5) INDEMNIFICATION: I, for myself and on behalf of my heirs, assigns, personal representation and next of kin, agree to indemnify and save harmless FLORIDA SURF LESSONS, including the Company's affiliates, parents, subsidiaries, owners, partnerships, join ventures, partners, officers, directors, coventurers, corporations, companies, business entities, agents, contractors, subcontractors, attorneys, predecessors, successors, heirs and assigns, and all affiliates of each of the foregoing, against any loss, damage, or claim arising out of the performance of this Agreement. Contractor shall be responsible for all risk incurred in the operation of the Contractor's business, the delivery of the Services and in the protection of the Property.

I HAVE READ THIS UNCONDITIONAL WAIVER, FULL GENERAL RELEASE AND ASSUMPTION AND ACKNOWLEDGEMENT OF RISK AGREEMENT (PAGE ONE AND TWO), I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT, COERCION OR UNDUE INFLUENCE.

(I have read Page 2	(initial)	(date)
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I verify that I am mentally sound, in good physical health and fully capable to participate in the strenuous activities related to surfing, including all water related sports activities. Should the need for medical treatment for myself be necessary, I hereby authorize any physician, trainer or nurse selected by school personnel to order and conduct any emergency medical or surgical procedures necessary to save life and limb. I understand that I am fully responsible for all hospital, laboratory and doctor fees.

Signature:		Date:
Name:		Age:
Address:		
City:	State:	Zip:
Phone:	Alternate Phone N	umber:
Email Address:	Alternate E-mail Add	dress:
use of a surfboard during surfboard that Florida Sur or break a loaner surfboar of \$15.00 over cost. YES	understand that I am not being comy surf lesson. Therefore I am of Lessons affords me the use of the I will be required to purchase to NO	fully responsible for the I agree that if I damage that surfboard at the price (Please initial one)
approval to the Florida Su obtaining my further appr reproduce in any manner of my legal guardians. Flori or license any such picture otherwise without moneta	y signing this agreement, I herebard Lessons that they shall have the oval, to photograph, take motion or through any media, images of da Surf Lessons shall have the ries or reproductions for any purpolary compensation to myself, my compensation.	he right, without a pictures of, televise, or myself, my child, and ght to display, use, sell oses commercial or child, or my legal
(I have read Page 3	(initial) (date))	

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (Under 18 at time of Registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, does consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns and next of kin. I release and agree to indemnify and hold the harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING THE NEGLIGENCE OF THE RELEASES, to the fullest extent permitted by law.

I VERIFY THAT MY CHILD IS MENTALLY SOUND, IN GOOD PHYSICAL HEALTH AND FULLY CAPABLE TO PARTICIPATE IN THE STRENUOUS ACTIVITIES RELATED TO SURFING. SHOULD THE NEED FOR MEDICAL TREATMENT FOR MY CHILD BE NECESSARY, I HEREBY AUTHORIZE ANY PHYSICIAN, TRAINER OR NURSE SELECTED BY SCHOOL PERSONNEL TO ORDER AND CONDUCT ANY EMERGENCY MEDICAL OR SURGICAL PROCEDURES NECESSARY TO SAVE LIFE AND LIMB. I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR ALL HOSPITAL, LABORATORY AND DOCTOR FEES.

X		/ /	
Parent/Guardian's Sign	nature	Date Signed	
(I have read page 4	(initial)	(date)	

FLORIDA SURF LESSONS OPTIONAL DAMAGE INSURANCE

Equipment Damage Insurance: Damage insurance is available for \$5 per/supervised surf lesson – per/surfboard. Damage insurance protects you from any liability connected to damage to the equipment beyond normal wear and tear during the course of your surf lesson. It does not, however, protect you in the event of theft or loss.

* IF YOU ELECT INSURANCE THEN THE COST WILL BE ADDED TO YOUR SURF LESSON BALANCE.

I WANT EQUIPMENT DAMAGE INSURANCE:

Number Of Surfboards: Total Insurance Cost (number of t	ooards x 5):
Signature:	_Date:
I DECLINE EQUIPMENT DAMAGE INSURANCE:	
Signature:	_Date:

Emergency Contact Information Sheet Surf Lessons

NAME (Please print):

Who to Contact in Case of an Emergency		
1 st Person:		
Name:		
	(W)	
Relationship:		·····
2 nd Person:		
Name:		
	(W)	
Relationship:		
Name:		
Signature:	Date:	

Medical Information	
Your Healthcare Provider: Emergency Number:	Medical Number:
Medical information that a health professional should know in an emergency (e.g., allergies to medication, etc.,). Please be aware that this information will be used only if necessary to help respond to a medical emergency.	
Name:	
Signature:	Date: