

SURF CAMP WAIVER



Name of Student _____ Age _____

Parent/Guardian Name _____

Parent/Guardian Email _____ Phone _____

Emergency Contact Name _____ Phone _____

Emergency Contact's Relationship to Student _____

Do you (student) have any health restrictions or concerns? YES NO

• List Health Restrictions/Concerns _____

PARENT/GUARDIAN READ & SIGN

I certify that the above-named student is covered for injuries, including fractures, paralysis, and/or death by medical insurance through the following insurance provider _____

I hereby consent to the above-named student to participate in surfing activities that also include swimming in the ocean, beach related-practice, and travel to and from the beach. Additionally, I consent to any photographs and video taken during these activities to be used exclusively by and for Saltwater Cowgirls. I further authorize the camp director and Saltwater Cowgirls employees/volunteers/agents to seek any emergency medical care that may become necessary for the student in the course of such activities or travel and understand that the cost of such medical care will be at my sole expense. I hereby knowingly and unconditionally release Saltwater Cowgirls, camp directors, employees/volunteers/agents, and anyone acting on Saltwater Cowgirls' behalf from any and all responsibility or liability for any injury or damages, whatsoever, incurred, suffered or cause by the above named.

I have read, fully understand, and agree to the above.

Print Name _____

Signature _____ Date _____