



Soul Surf Camper Registration Form



Participant/Student Info:

Name: _____ M / F ____ Birthdate:

Age: ____ Size (approx height/weight): ____ Allergies: _____

Special medical or dietary Needs: _____

Friend/Counselor request: _____

Surf Experience: Beginning ____ Intermediate: ____ Advanced: ____

Parent Info:

Name (s): _____

Best contact Email: _____

Address: _____

Best contact Phone #: _____

Emergency Contact (Other than parent)

Name: _____ Phone #: _____

Medical Insurance Company: _____ **Policy #:** _____

Release to Soul Surf Staff to communicate with Emergency Personnel: Yes No

Special Instructions: _____



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PARTICIPANTS IN SOUL SURF EVENTS RELEASE FROM LIABILITY AND INDEMNIFICATION

I agree to waive and release the below listed persons, groups, entities (hereafter "Indemnities") from and against any and all claims, costs, liabilities, expenses, or judgements, including attorney's fees and court costs arising out of my or my child's participation in the Soul Surf Comp Series Event or Soul Surf Summer Retreat/Camp/Surf Club (hereinafter "Events") or any illness or injury resulting therefrom, and hereby agree to indemnify and hold harmless the persons from and against any and all such claims whether caused by my negligence or otherwise, except for illness and injury resulting directly from gross negligence or willful misconduct on the part of those indemnities. I understand and agree that by signing this waiver I am freeing the Indemnities from any liability resulting from my or my child's participation in these events. I recognize and have considered all the potential dangers that may occur in my child's participation in the Soul Surf Events/Activities/Camps/Clubs/Retreats and after careful consideration, have decided to accept those potential dangers. I understand that if I, or my child, is injured this waiver will be used against me and anyone else claiming damages because of my or my child's injury in a legal action. I enter into this waiver on behalf of myself, my heirs and executors. I also understand that no employee or agent is authorized to modify this waiver. I represent that I am familiar with the nature of the events/activities in which I or my child will participate and that I, or my child am in good physical health and that I do not have physical or emotional conditions, past or present, which I am aware, which would in any way affect my ability to participate in the Events/Activities/Contests/Camps/Clubs/Retreats.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE and hereby release and include all members of Soul Surf, it's (Soul Surf) owners, it's officers, agents, staff, assistants, coworkers, volunteers associated with Soul Surf and also including the State of California Parks and Recreation Dept, City of San Clemente, Oceanside, Laguna Beach and San Diego including the Lifeguard Dept and/or MCCA - Camp Pendleton, San Onofre beach.

Date: _____ Signature of Participant: _____

Date: _____ Signature of Parent: _____

- Parent or Legal Guardian must sign above, if the participant is under 18 years of age, in addition to the participant.