



# Registration Form & Release of Liability Waiver

## JAMS, Lincoln, Paul Revere, SaMoHi, Palisades High, Crossroads

Name: \_\_\_\_\_ M / F Height \_\_\_\_\_ Weight \_\_\_\_\_  
Address Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Best Phone # to call: \_\_\_\_\_ email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

- All coaches are CPR/First Aid certified, ocean rescue trained, and finger-printed.
- Staff ratio is 1:5 or better in the water
- Surf Academy teaches about waves, tides, rip currents, swells, how to select a board, gear, surf culture, surf etiquette, safety etc.
- Practices are 1.5 to 2-hours and are made up of a land workouts, ocean swimming and paddling, and various forms of surfing; with rotating one-to-five or better instruction
- We are on a search for epic waves and memorable times



### LAUSD and SMMUSD 2019-20 Summer and School Year Calendar

For more Information: Surf Academy (424) 903-9500, email: [marion@surfacademy.com](mailto:marion@surfacademy.com) or [www.surfacademy.com](http://www.surfacademy.com)

Find maps, directions, and frequently asked questions (FAQ) on the website.

**WAIVER, RELEASE AND ASSUMPTION OF RISK** IN CONSIDERATION OF THE APPLICANT'S PARTICIPATION IN THE ABOVE ACTIVITY, I WAIVE AND RELEASE ALL CLAIMS FOR DAMAGES OR DEATH: PERSONAL INJURY OR PROPERTY DAMAGE THAT MAY OCCUR AS A RESULT OF ENGAGING IN THAT ACTIVITY. THIS DISCHARGES IN ADVANCE THE COUNTY OF LOS ANGELES, LOS ANGELES COUNTY LIFEGUARDS, THE CITY OF SANTA MONICA, SURFSTAR INTERNATIONAL, LLC. (SURF ACADEMY) AND ITS EMPLOYEES, LAUSD AND ITS EMPLOYEES, SMMUSD AND ITS EMPLOYEES AND OTHER AGENTS FROM LIABILITY, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF THEIR NEGLIGENCE. I KNOW THAT THIS ACTIVITY INVOLVES A RISK OF ACCIDENTS, AND I WILLINGLY ASSUME THE RISK. THIS WAIVER, RELEASE AND ASSUMPTION OF RISK ARE BINDING ON MY HEIRS AND ASSIGNS. I GIVE PERMISSION FOR ANY MEDICAL CARE THAT THE LEADERS OF THE ABOVE ACTIVITY DEEM NECESSARY. I HEREBY IRREVOCABLY CONSENT TO THE UNRESTRICTED WORLDWIDE USE OF MY NAME AND/OR LIKENESS BY RELEASED PARTIES, THEIR SUCCESSORS AND ASSIGNS, IN CONNECTION WITH ANY ADVERTISING OR PROMOTIONAL ACTIVITIES RELATING DIRECTLY OR INDIRECTLY TO THE SURF ACADEMY ACTIVITIES. I FURTHER AGREE THAT RELEASED PARTIES MAY USE ANY PHOTOGRAPHS, PICTURES, SLIDES, FILMS, AND/OR MOVIES TAKEN OR MADE IN WHICH I APPEAR, OR ANY REPRODUCTION OF THE SAME, IN ANY REASONABLE MANNER OR MEDIA.

SURFER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **\*\*CONFIDENTIAL\*\***

PLEASE TELL US OF ANY PHYSICAL OR PSYCHOLOGICAL CONDITION YOU HAVE THAT WE SHOULD KNOW ABOUT:

ARE YOU TAKING ANY MEDICATIONS? \_\_\_\_\_

PLEASE NAME: \_\_\_\_\_