



RELEASE FORM SANTA CRUZ

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL AND AGREE TO BE BOUND BY IT.

This the day of _____, 20____

Signature of Adult Participant Name of Minor Child

Signature of Parent or Guardian of Minor Child

Name of Adult Participant (Please Print)

Name of Parent or Guardian of Minor Child (Please Print)

DECLARATION OF FITNESS FOR BOARD SURFING

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Board Surfing.

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

Even though I have a health condition as stated above, by signing this form I still choose to participate in the activity of Board Surfing and agree to waive all responsibilities to all above mentioned parties concerning any consequences that would result from my actions.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment, and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Board Surfing activities, I will notify the instructor immediately.

I have read the above Declarations, understand them, and I agree to be bound by them.

Signature of Adult Participant

Date

Name of Adult Participant (Please Print)

Address of Adult Participant

Phone

Signature of Parent or Guardian if Participant is a Minor.

Name of Parent or Guardian (Please Print)

Date

and by their signature, they on my behalf release all claims that both they and I have.