



RELEASE FORM SANTA CRUZ

\_\_\_\_\_  
Address of Parent or Guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name of Minor (Please Print)

\_\_\_\_\_  
Date

If you cannot sign the above declaration because of any of the above conditions, you must notify the instructor before commencing any activity.

Attention of the Instructor/Authorized insured Only (Counter-Sign upon full and correct completion)

\_\_\_\_\_  
Counter-Signature of Authorized Insured Name of Authorized Insured

\_\_\_\_\_  
Date