



How did you hear about us? _____

Name of Student: _____ Age: _____

Address: _____ Email _____

Emergency contact: _____ Phone: _____

Do you have any health restrictions? If so what? _____

PARENT OR GUARDIAN READ & SIGN: I certify that I am covered for fractures, paralysis or death by medical insurance through the following insurer: _____

I am hereby consenting to participate in surfing activities that also involve swimming, photographs, video, and travel to and from the beach. I further authorize the camp director and/or her employees/agents to seek any emergency medical care that may become necessary for me in the course of such athletic activities or travel and understand that the cost of such medical care will be at my sole expense. I hereby knowingly and unconditionally release the camp director and/or her employees/agents or anyone acting on her 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 and fully understand the above.

Signature: _____ Date: _____



HOLD HARMLESS AGREEMENT

Upon acceptance of this entry form, the undersigned participant and/or guardian [please print] _____ hereby releases the City of Jacksonville Beach, its' agents, servants, or employees of all liability, injury, or damages whatsoever arising from participation of this event. The participant and/or guardian understands that there are certain risks involved and the participant assumes all risks to beach and ocean-related sports/activities.

Signature Date 20

**** Required signature of parent or guardian of any participant under 18 years of age:**

** Parent/Guardian Signature Date 20

Witness: _____

Witness: _____

Name of Camp: _____