

SURFING PROGRAM PARTICIPANT DECLARATION

Indemnity Sign on Waiver form

Surf School Name: KENT SURF SCHOOL

In consideration of the Surf School accepting my application to participate in the Program, below I acknowledge, understand and agree that:

1. Warning: I understand and acknowledge that surf activities are dangerous and there are inherent risks which may result in serious injury to myself. Additionally, waves/ocean can act in a sudden and unpredictable (changeable) way.
2. I declare that I can swim 50 metres (150 feet).
3. I declare that I do not have any fitness, medical or physical conditions that would affect my participation in the activity. (e.g. please advise instructor of asthma, previous broken bones, dislocated joints, diabetes, allergic reactions, wear contact lenses/hearing aids, any disabilities, etc.)
4. I agree not to drink alcohol or take prohibited drugs before or during surf activities.
5. I will at all times comply with the instructions and safety procedures of the Surf School.
6. I authorise the Surf School to arrange medical or hospital treatment as necessary and I agree to pay for all associated costs.
7. Photographic and or visual images taken by the Surf School of my participation in the Program may be used for general promotion of the Organiser's activities.
8. I understand that the information provided by me in this form is necessary for the operation of the Program. I acknowledge and agree that the information will only be used for the objects of the Surf School and to provide me with information pertaining to the Program. I understand that I will be able to access my information through the Surf School upon request. If the information is not provided I might not be permitted to participate in the Program.
9. Release and Indemnity: I understand that my signature to this document constitutes a complete and unconditional release or all liability of the proprietors of the Surf School and its employees and agents to the greatest extent allowed by the law in the event of me and/or the children under my care, suffering injury or death.

I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

Name: _____ Male/Female _____ Age: _____

E-Mail: _____ Contact No: _____

Address: _____ Post Code: _____

SURFER'S MEDICAL INFORMATION (confidential). Please indicate any medical conditions that coaches should be aware of:

Signed: _____ **Date:** _____

Where the applicant is **under 18 years of age** this form must also be signed by the applicant's parent or legal guardian.

I, _____ am **the parent or guardian** of the applicant. I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent's signature: _____ **Date:** _____

Local	Day	Holiday
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Private	2 to 1	Group	Kids Academy	Kayak Tour	Stag /Hen	Kids Parties	Family
£80	£60	£35 or £25	£50	£45	£30	£15	£130