

# Surfing Lessons Waiver and Release Form

Please read and complete this form before participating in surfing lessons.

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

## Emergency Contact

Name

Phone Number

## Medical Information

List any medical conditions or allergies

## Waiver and Release

I acknowledge that surfing involves inherent risks that could result in injury or death. By signing below, I agree to assume all risks associated with participation in surfing lessons and release the organizers, instructors, and associated parties from any liability or claims for damages or injuries incurred.

I certify that I am physically fit to participate in this activity. I have read and understand this waiver and release.

Participant Signature

Date

If participant is under 18 years of age, a parent or guardian must sign below:

Parent/Guardian Signature

Date