

# Surf Camp Participant Release Form

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

## Emergency Contact

Emergency Contact Name

Emergency Contact Phone

## Medical Information

Relevant Medical Conditions / Allergies

## Release & Waiver

I acknowledge and understand that surfing and participation in surf camp activities involve inherent risks. By signing below, I agree to release and hold harmless the organizers, instructors, and partners from any and all liability for injuries or damages arising from participation.



I have read and agree to the terms and conditions stated above.

Participant Signature

Date

Parent/Guardian Signature (if under 18)