

Surfing Competition Waiver Form

Participant Name

Date of Birth

Address

Phone Number

Email

Emergency Contact Name & Number

Medical Conditions / Allergies

Waiver and Release

I acknowledge that participation in surfing competitions involves inherent risks. I hereby release event organizers, sponsors, and officials from liability for injuries or losses incurred during the event.

Signature

Parent/Guardian Signature (if under 18)

Date

Parent/Guardian Date