



4001 N. ATLANTIC AVENUE, COCOA BEACH, FLORIDA 32931 ~ (321) 868-8966

All Students and guardians of participating students, prior to enrollment and participation in the CBSC Surf School, (referred to herein and after in this document as CBSC Surf School) must first read, then complete the following "Waiver of Liability and Acknowledgement Form."

I, _____, agree to assume all risks to participation in surfing related activities

(Students Name)

associated with the CBSC Surf School. I hereby grant permission for myself or my child to attend the CBSC Surf School. I hereby release CBSC Surf School from any and all liabilities, claims, actions, damages, costs and/or expenses, arising from or in anyway connected with my participation in all surfing related activities conducted by CBSC Surf School.

I hereby agree that CBSC Surf School, its owners, officers and instructors, are not in any capacity personally responsible or liable for any injuries or damage resulting from my participation in any CSBC Surf School programs. I fully understand and acknowledge that surfing, skateboarding, body boarding, skim boarding, indoboarding and kayaking are inherently dangerous activities. I acknowledge and assume any and all risks associated with the presence of any and all sea life that may be in the ocean or on the beach.

Right to Photograph: By signing this agreement I hereby give my consent and approval to the CBSC Surf School that they shall have the right, without obtaining my further approval, to photograph, take motion pictures of, televise, or reproduce in any manner or through any media, images of myself, my child, and my legal guardians. The CBSC Surf School shall have the right to display, use, sell or license any such pictures or other reproductions for any purposes, commercial or otherwise, without monetary compensation to myself, my child or my legal guardian.

YES _____ NO _____ (Please check one)

I hereby authorize any CBSC Surf School personnel to conduct any minor medical First Aid that may be required for my child, myself or my legal guardian.

YES _____ NO _____ (Please check one)

I hereby authorize any physician or nurses selected by CBSC Surf School personnel to order and conduct medical or surgical procedures deemed necessary for myself, my child or my legal guardian in an emergency situation. I understand that I will be responsible for all hospital, laboratory and doctor fees.

YES _____ NO _____ (Please check one)

I verify that I am in good health and am fully capable of participating in any and all strenuous activities associated with any CSBC Surf School activities. I fully understand that each participant must be a competent swimmer and acknowledge that I am competent swimmer.

Participant's Signature Date _____ / _____ / _____

I, _____, as the parent or legal guardian of _____

(Guardian Name)

(Students Name)

give my permission for my child or ward to participate in CBSC Surf School activities. I do understand and acknowledge the above stated risks associated with my child or ward's participation in surfing related activities with the CBSC Surf School.

Parent or Legal Guardian Signature _____ Date _____ / _____ / _____