



80 San Francisco Street
Avila Beach, CA 93424

www.vancurazasurfschool.com

surf camp registration

For ADMIN ONLY:

Date:

Time:

Of participants:

Price PP:

TOTAL:

Location:

Instructor:

Surfers First name _____ Last Name _____

Address 1 _____

Address 2 _____

City _____ State/Providence _____

Zip/Postal Code _____ Country _____

Phone _____ Email Address _____

Date of Birth ___ / ___ / _____ Age _____ Height _____ Weight _____

Person to contact in case of emergency/Parent:

Name _____ Phone _____

Please indicate any allergies, or medical conditions/Medication we should be aware of _____

Should we be aware of medication/ Epipen etc? Yes / No (please circle one)

If YES, please list medications _____

Which type of Surf Camp are you registering for? (Please circle below)

1 Day 3 Day 5 Day 1/2 Day Full Day

Surf Camp start date ___ / ___ / _____ Surf Camp End Date ___ / ___ / _____

Where did you hear about surf camp? _____

CAN YOU SWIM: YES NO

SURF EXPERIENCE: Never beginner intermediate advanced



release form

BOARD SURFING RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK In consideration for the renting, purchasing or leasing of Board Surfing from Van Curaza Surf School and/or the utilizing of the facilities, ground school, instruction, premises and equipment of Avila Hot Springs Resort and beaches in San Luis Obispo County in engaging in the sport of Board Surfing, ground instruction and related activities, (hereinafter collectively called "Board Surfing"), I hereby understand and agree to this Release of Liability, Waiver of Legal Rights and Assumption of Risk and to the terms hereof as follows:

1. I acknowledge that Board Surfing is an action sport and recreational activity involving travel in three dimensions and such activity is subject to mishap and even injury to participants. I understand I may suffer a broken limb, paralysis or fatal injury while participating in the sport of Board Surfing. (Initial here: ____)
2. I further acknowledge that there are no warranties applicable to the purchase, rental or lease of Board Surfing equipment by me and that all warranties whether expressed or implied are excluded. **THERE IS NO WARRANTY OF MERCHANTABILITY OR THAT THE SAID BOARD SURFING EQUIPMENT IS FIT FOR ANY PURPOSE**, and that I am accepting the said Board Surfing equipment as is and I hereby acknowledge that I will personally examine the said equipment prior to my using of the same. (Initial here: ____)
3. I hereby **RELEASE AND DISCHARGE** Van Curaza Surf School in the State of California, San Luis Obispo County, the beaches and locations that encompass San Luis Obispo County which include, but are not limited to, the following: Morro Bay, Avila Beach, Pismo Beach, Cayucos, Cambria, Los Osos and San Simeon, and their officers, directors, elected officials, agents activities (hereinafter collectively referred to as "Released Parties"), arising out of my participation in Board Surfing activities, including, but not limited to, losses **CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES**. (Initial here: ____)
4. I understand and acknowledge that Board Surfing activities have inherent dangers that no amount of care, caution, instruction or expertise can eliminate and I **EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN BOARD SURFING ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES**. (Initial here: ____)
5. I further agree that I **WILL NOT SUE OR MAKE A CLAIM** against the Released Parties for damages or other losses sustained as a result of my participation in Board Surfing activities. (Initial here: ____)
6. I also agree to **INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS** from all claims, judgments and costs, including attorneys' fees, incurred in connection with any action brought as a result of my participation in Board Surfing activities. (Initial here: ____)
7. I will take full responsibility for, and hold harmless Released Parties for any injury that I may suffer or inflict upon others or their property as a result of my engaging in Board Surfing activities. (Initial here: ____)
8. I agree that I will operate the said Board Surfing equipment in a reasonable and safe manner so as not to endanger the lives of persons or property of any individual. (Initial here: ____)
9. I have read and understood the above and acknowledge that the same constitutes a release of liability and a waiver of my legal rights and also acknowledgement of the assumption of liability by me of all risks arising out of my engaging in Board Surfing activities. (Initial here: ____)
10. I further represent that this Release of Liability, Waiver of Legal Rights and Assumption of Risk shall continue in full force and effect for so long as I engage in Board Surfing activities which are in any way connected to or with the Released Parties. (Initial here: ____)
11. I further represent that I am at least 18 years of age, or that as the parent or (adult) legal guardian, I waive and release any and all legal rights that may accrue to me, to my minor child or to the minor child for whom I am (adult) legal guardian, as the result of any injury that my minor child, the minor child for whom I am (adult) legal guardian or I may suffer while engaging in Board Surfing activities. (Initial here: ____)
12. I hereby expressly recognize that this Release of Liability, Waiver of Legal Rights and Assumption of Risks is a contract pursuant to which I have released any and all claims against the Released Parties resulting from participation in Board Surfing activities including any claims by the negligence of the Released Parties by any of the undersigned. (Initial here: ____)

I HAVE READ THIS RELEASE OF LIABILITY, WAIVER OF LEGAL RIGHTS AND ASSUMPTION OF RISK AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL AND AGREE TO BE BOUND BY IT.

This the day of _____, 20 _____

Signature of Adult Participant

Signature of Parent or Guardian of Minor Child

Name of Adult / Minor Participant (Please Print)

Name of Parent or Guardian of Minor Child (Please Print)

DECLARATION OF FITNESS FOR BOARD SURFING

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during Board Surfing.

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.

Even though I have a health condition as stated above, by signing this form I still choose to participate in the activity of Board Surfing and agree to waive all responsibilities to all above mentioned parties concerning any consequences that would result from my actions.

I hereby declare that I have no physical or mental condition that should preclude me from participating in my chosen activity, that I am not participating against medical advice or treatment, and that I have not been diagnosed by a registered doctor as having a terminal illness.

I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of Board Surfing activities, I will notify the instructor immediately.

I have read the above Declarations, understand them, and I agree to be bound by them.

Signature of Adult Participant

Date

Name of Adult Participant (Please Print)

Address of Adult Participant

Phone

Signature of Parent or Guardian if Participant is a Minor,

Name of Parent or Guardian (Please Print)

Date

and by their signature, they on my behalf release all claims that both they and I have.



release form

Address of Parent or Guardian Phone

Name of Minor (Please Print) Date

If you cannot sign the above declaration because of any of the above conditions, you must notify the instructor before commencing any activity.

Attention of the Instructor/Authorized insured Only (Counter-Sign upon full and correct completion)

Counter-Signature of Authorized Insured Name of Authorized Insured Date