



OCEAN EXPERIENCE SURF SCHOOL

RELEASE WAIVER



Name: _____ Age: _____ Sex: _____ Date of Birth: _____

Phone: _____ Email Address: _____ School: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies, Limitations, or medical conditions pertinent to camp participation: _____

Father: _____ Home Phone: _____ Work Phone: _____

Mother: _____ Home Phone: _____ Work Phone: _____

How did you hear about us? _____

IN CASE OF EMERGENCY - Please contact, Name: _____

Medical Insurance Company: _____ Home Phone: _____ Work Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Intending to be legally bound. I acknowledge that the possibility of my child/dependant/myself being injured while attending OCEAN EXPERIENCE does exist. Such hazards such as hidden rocks, rip currents, sting rays and other dangers do exist in the ocean and in the sport of surfing. I/we fully recognize and understand the nature and existence of these inherent risks. In the event of any injury to my child/dependant/myself, I hereby waive, hold harmless and forever release OCEAN EXPERIENCE, its owner/director and any officials, employees or sponsors connected with this club. I also understand that any inappropriate, disruptive or damaging behavior on the part of my child/dependant/myself will be due cause for dismissal from this club with no refund. I hereby authorize the staff of OCEAN EXPERIENCE to act for me according to their best judgement in the event of any emergency requiring rescue or medical

Parent/Guardian Signature: _____ Date: _____

- Ocean Beach Surf & Skate - 4881 Newport Ave - San Diego 92107 - (619) 225-0674 -

- www.oceanexperience.net - lanettej@obsurfskate.com -