



**Waves Surf Academy  
Surf Camp Registration  
(Form A)**

Participants Name: \_\_\_\_\_

Male  Female

Address: \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Childs Date of Birth: \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Email address: \_\_\_\_\_

(If under 18) Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's WorkNumber: \_\_\_\_\_

Father's Work Number: \_\_\_\_\_

Emergency Name: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

**Release Wavier I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, child, children, heirs, executors and administrators, waive and release any and all rights and claims for damages, which, I may have against Waves Surf Academy or The Delray Breakers on The Ocean, their representatives, successors and employees for any injuries which I may suffer in connection with any participation in this activity/program. At various times Waves Surf Academy videotapes and photographs events to be submitted to the local media. By entering in the Waves Surf Academy activity/program, I/we hereby authorize Waves Surf Academy to reproduce, copy, exhibit, publish, broadcast, or distribute any and all such tapes or photographs.**

**Refund Policy A participant can request a refund 3 days prior to the start of the activity/program; a letter is required from the participant or participant's parent or guardian. A refund will be issued if the participant does not make the team, if an injury occurs that does not allow the participant to continue in the activity/program, or an emergency such as illness, bereavement, etc. No other reasons constitute the issuance of a refund after the activity/program has started. I have read the above and understand the rules and regulations of the Waves Surf Academy activity/programs that have been made available to me.**

\_\_\_\_\_  
Name (Name of Parent or Guardian if Participant is under 18)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**Waves Surf Academy  
AGREEMENT AND RELEASE FROM LIABILITY  
(Form B)**

Voluntary Participation:

I, \_\_\_\_\_, the legal guardian of \_\_\_\_\_, a minor, acknowledge that I have voluntarily applied to the Waves Surf Academy for my child's participation in surfing and swimming instruction and related activities to be conducted on the shore and in the water at various beach locations in the County of Palm Beach, State of Florida.

Assumption of Risk:

I AM AWARE THAT SURFING, SURFING INSTRUCTION, AND THE RELATED ACTIVITIES OFFERED BY THE CAMP ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY AUTHORIZING MY CHILD'S PARTICIPATION IN THESE ACTIVITIES

WITH KNOWLEDGE OF THE DANGER INVOLVED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH ARISING FROM THESE ACTIVITIES. I VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_

Release:

As consideration for being permitted by Waves Surf Academy to participate in these activities, I hereby agree that I, individually and on behalf of my minor child as well as our assignees, heirs, distributes, guardians and legal representatives, will not make any claim against, sue, or attach the property of Waves Surf Academy, The Delray Breakers On The Ocean Hotel or any of its instructors, agents, or representatives for injury, damage or death resulting from the negligence or other acts, however caused, as a result of my child's participation in Waves Surf Academy. I hereby release Waves Surf Academy, as well as its agents, Instructors, and representatives, from all actions, claims, or demands that I, my child, my Assignees, heirs, guardians, or legal representatives now have or may hereafter have for any injury or damage resulting from my child's participation in Waves Surf Academy. Knowing and Voluntary Execution I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND WAVES SURF ACADEMY, AND SIGN IT OF MY OWN FREE WILL.

Ratio of Participants: \_\_\_\_\_ Initials: \_\_\_\_\_

Event Description: \_\_\_\_\_

I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME WAVES SURF ACADEMY, DELRAY BREAKERS ON THE OCEAN HOTEL AND SIGN IT OF MY OWN FREE WILL.

I AM AWARE THAT THIS PROGRAM IS PROVIDED ONLY BY WAVES SURF ACADEMY AND NO OTHER THIRD PARTY IS RESPONSIBLE. I ACCEPT FULL RESPONSIBILITY AND LIABILITY FOR ALL ACTIVE PARTICPANTS IN TODAYS EVENT.

Date: \_\_\_\_\_

Location: \_\_\_\_\_, Florida.

Signature: \_\_\_\_\_.