

oceanasurf.com
OCEANASURF Surf Instruction
171 pier avenue #303 santa monica ca 90405

Release of Liability and Assumption of All Risks

I acknowledge that surfing is a dangerous sport and therefore assume responsibility of All Risks involved with surfing and surf lessons. I understand that the sport of surfing and the use of a surfboard involves risk of injury to any and all parts of the body. I assume and accept any risk of injury to myself while surfing. _____

In consideration of the applicant's participation in the above named activity, I waive and release all claims for damages for personal injury, death or property damage that may occur as a result of engaging in that activity. I agree not to make a claim against or sue Kim Welsh DBA OceanaSurf or any employee of OceanaSurf for injuries or damages relating to surfing and the use of the equipment. _____

This discharges in advance Kim Welsh and/or her employees from liability even though that liability may arise out of their negligence. I know that the above activity involves a risk of accidents and I am willing to assume that risk. This waiver, release and assumption of risk is binding on my heirs and assigns. I give permission for any medical care that the leader of above activity deems necessary, including CPR. _____

I agree to allow Kim Welsh and her employees to teach surfing to the below named applicant. I acknowledge that the applicant named below is an intermediate swimmer and can swim a distance of 50 feet in the ocean and has previous ocean swimming experience. _____

I have carefully read this agreement and release of liability and fully understand its contents. I am aware that this is a release of liability and contract between myself and Kim Welsh DBA OceanaSurf, and I sign this of my own free will.

Signature _____ dated _____
(Signature required. If under 18, parent or guardian signature required.)

Name _____

Email Address: _____

Address _____

City/State/Zip _____

Phone Number _____ (Alt/Cel #) _____

Emergency Contact _____ phone _____

Medical insurance: _____

Any Allergies to Medication? If so, please list _____