

REGISTRATION and WAIVER FORM

Student Name _____ Date of Birth _____

Street Address _____ Town _____ Zip _____

Phone _____ Email _____

Do you have any physical conditions we should be aware of _____

How did you hear about Island Surf School? _____

I, _____, the undersigned, agree that I shall hereafter and forever release *Island Surf School* and their trustees, instructors, officers, agents, employees and insurer, Shawn Mett as well as any other person(s) associated with *Island Surf School* from any action, claim or demand that I, my heirs, or my legal representatives have and/or may have for any and all personal injuries I may suffer or sustain, regardless of cause or fault, as the result of my voluntary participation in classes at *Island Surf School*.

I knowingly intend my signature on this agreement to be a complete defense to any legal proceeding that may be brought by anyone on their own, or on my behalf, for any injury I may suffer as a result of voluntary participation in classes at *Island Surf School* and further intend this agreement to be a complete and total release of liability for all negligent acts, failures of act, or breaches of duty owed to me which result in my personal injury or death as a result of my voluntary participation in classes at *Island Surf School*.

I certify to the best of my knowledge, I am physically fit and able to participate in classes at *Island Surf School*, and that I am in good health and that I am unaware of any medical condition which might make my participation inadvisable.

For children under the age of 18:

I, the undersigned parent and/or legal guardian confirm that I am freely signing this agreement. I have read this form and fully understand that by signing, I am giving up legal right which may otherwise be available to me or the minor participant regarding of any injuries or losses he or she might sustain due to the participation of this activity.

Name(s) of Parents _____

Signature of Parent or Guardian _____ Date _____