

Mail all correspondence to:

P.O. Box 156 Crescent City, FL 32112

Phone (386) 547-6340~Email:taggill@aol.com

www.daytonasurfingschool.com

All students, and guardians of participating students, Prior to enrollment and participation in the Daytona Beach Surfing School,(referred to herein and after in this document as D.B.S.S.) MUST first read, and then complete the following Waiver of Liability and Acknowledgement Form.

I, _____ agree to assume all risk incidental to participation in surfing related activities (Student name) _____ associated with the D.B.S.S. I hereby grant permission for myself or my child to attend the D.B.S.S. I hereby release D.B.S.S. from any and all liabilities, claims, actions, damages, cost, and/or expenses, arising from or in anyway connected with my participation in all surfing related activities conducted by D.B.S.S.

I hereby agree that D.B.S.S. and its owners, officers, and instructors, are not in any capacity personally responsible or liable for any injuries or damage resulting from my participation in any D.B.S.S. programs. I fully understand and acknowledge that Surfing, Body boarding and Kayaking are inherently dangerous activities. I acknowledge and assume any and all risk associated with the presence of any and all Sea Life that may be in the ocean or on the beach.

Right to Photograph: By signing this agreement I hereby give my consent and approval to the D.B.S.S. , that they shall have the rights without obtaining my further approval to photograph, take motion pictures of, televise, or reproduce in any manner or through any media, images of myself, my child and my legal guardians. The D.B.S.S. shall have the right to display, use, sell or license any such pictures or other reproductions for any purposes commercial or otherwise without monetary compensation to myself, my child, or my legal guardian.

YES _____ NO _____ (Please initial one)

I hereby authorize any D.B.S.S. personnel to conduct any minor Medical First Aid that my be required for my child or myself.

YES _____ NO _____ (Please initial one)

I hereby authorize any Physician or Nurses selected by D.B.S.S., personnel to order and conduct medical or surgical procedures deemed necessary form myself or my child in an emergency. I understand that I will be responsible for all Hospital, Laboratory, and Doctor Fees.

YES _____ NO _____ (Please initial one)

I verify that I am in good health and am fully capable of participating in any and all strenuous activities associated with any D.B.S.S. activities. I fully understand that each participant must be a competent swimmer and acknowledge that I am a competent swimmer.

Participant's signature: _____ Date: _____

I, _____ (Parent / Guardian name) , as the parent or legal guardian of _____ (Student's Name) give my permission for my child or ward to participate in D.B.S.S., activities. I do understand and acknowledge the above stated risks associated with my child or Ward's participation in surfing related activities with the D.B.S.S.

Parent or Guardian: _____

Date: _____

Summer Camp Students only: This Release Form MUST be signed and returned with Deposit ONE MONTH before date attending to insure we will hold reservation. Failure to do so will result in loss of reservation.

Enrollment Form

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*All Deposits are refundable ONLY IF you contact us and cancel your reservation 7 days prior to your camp date. After that deposits are not refundable but can be applied toward private or group lessons.

Student Information

First Name: _____ Last Name: _____

Age: _____ Male _____ Female _____ Date / Camp # Attending: _____

Parent or Guardians Information:

Name: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

e-mail address _____ (we do not send spam, nor sell your info)

Home Phone: _____ Day Phone: _____

Other Emergency Contact:

Name: _____ Relationship: _____

Phone # (s) : _____

Medical Information:

Allergies:

Medications:

NOTES and other relevant medical information or conditions:
