



2011 Surf Camp Release Form

By signing this legally binding document I acknowledge the risks associated with surfing and understand that injuries may occur during participation at Surf Sessions. I understand that there are inherent risks involved in the sport of surfing and that injuries are a normal and ordinary occurrence, and I freely assume those risks. Surfing is a dangerous sport with hazards such as rocks, reef, ocean currents, other surfers, and equipment. I fully recognize such hazards and understand the nature and existence of inherent risks. In the event of injury to my child, dependent, or myself, I hereby release Surf Sessions, its owners, employees, partners, and sponsors from any and all liability claims or personal injury claims, including accidental death. Further, I release the City of Del Mar and their officials and employees from any and all liability claims for personal injury, including accidental death, or property damage. In the event that I cannot be reached in a medical emergency, I hereby grant permission to provide emergency care and secure proper treatment for my child, my dependent, or myself. Photo & Video Release: By signing this, you irrevocably grant to Surf Sessions perpetually, exclusively, and for all media throughout the world, the right to use and incorporate, in whole or in part, photographs or video footage taken of you as a result of participation in Surf Sessions for use by Surf Sessions and its sponsors, partners, clients, and participants, with permission and at the discretion of Surf Sessions. All images and video footage taken, as a result of participation in Surf Sessions, will become the property of Surf Sessions.

By signing this Release Form, I attest to reading it in full, and completely understand and agree to its terms. I also understand that if my child participates in multiple Surf Sessions programs and activities that this release form applies to all Surf Sessions activities that occur between the date signed and December 31, 2011.

Participant Name: _____

Legal Guardian Name: _____

Relationship to Participant: _____

Signature of Legal Guardian: _____ Date ____/____/____