



SURFING PROGRAM PARTICIPANT DECLARATION

Indemnity Sign on Waiver form

Surf School Name : Surf More South Wales

In consideration of the Surf School accepting my application to participate in the Program, below I acknowledge, understand and agree that:

1. "Surf School" for the purposes of this declaration means and includes the nominated surf school, and their respective directors, officers, members, servants or agents.
2. Warning: I understand and acknowledge that surf activities are dangerous and there are inherent risks which may result in serious injury to myself. Additionally, waves/ocean can act in a sudden and unpredictable (changeable) way.
3. I declare that I can swim 25 metres (75 feet).
4. I declare that I do not have any fitness, medical or physical conditions that would affect my participation in the activity. (e.g. please advise instructor of asthma, previous broken bones, dislocated joints, diabetes, allergic reactions, wear contact lenses/hearing aids, any disabilities, etc.)
5. I agree not to drink alcohol or take prohibited drugs before or during surf activities.
6. I will at all times comply with the instructions and safety procedures of the Surf School.
7. I authorise the Surf School to arrange medical or hospital treatment as necessary and I agree to pay for all associated costs.
8. Photographic and or visual images taken by the Surf School of my participation in the Program may be used for general promotion of the Organiser's activities.
9. I understand that the information provided by me in this form is necessary for the operation of the Program. I acknowledge and agree that the information will only be used for the objects of the Surf School and to provide me with information pertaining to the Program. I understand that I will be able to access my information through the Surf School upon request. If the information is not provided I might not be permitted to participate in the Program.
10. Release and Indemnity: I understand that my signature to this document constitutes a complete and unconditional release or all liability of the proprietors of the Surf School and its employees and agents to the greatest extent allowed by the law in the event of me and/or the children under my care, suffering injury or death.

I have read, understood, acknowledge and agree to the above declaration including the warning, release and indemnity.

Name: _____ Male/Female: _____ Age: _____

E-Mail: _____ Contact No: _____

Address: _____ Post Code: _____

SURFER'S MEDICAL INFORMATION (confidential). Please indicate any medical conditions that coaches should be aware of:

Signed: _____ Date: _____

Where the applicant is under 18 years of age this form must also be signed by the applicant's parent or legal guardian.

I, _____ am the parent or guardian of the applicant. I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent's signature: _____ Date: _____



**INDEMNITY SIGN ON FORM
AND SURF ACTIVITY AGREEMENT**

Surf School Name : Surf More South Wales

I understand and acknowledge that surf activities are dangerous and that there are inherent risks, which may result in serious injury to myself. Additionally, waves/ocean can act in a sudden and unpredictable (changeable) way.

- I declare that I can swim 25 metres (75 feet).
- I declare that I do not have any medical or physical conditions that would affect my participation in the activity. (e.g. please advise instructor of asthma, previous broken bones, dislocated joints, diabetes, allergic reactions, wear contact lenses/hearing aids, any disabilities, etc.)
- I agree not to drink alcohol or take prohibited drugs before or during surf activities.
- I understand that my signature to this document constitutes a complete and unconditional release or all liability of the proprietors of the Surf Business and its employees and agents to the greatest extent allowed by the law in the event of me and/or the children under my care, suffering injury or death.
- I authorise the Surf Business to arrange medical or hospital treatment as necessary and I agree to pay for all associated costs.

DATE	NAME	PHONE	MEDICAL PROBLEMS?	SIGNATURE PARENT/GUARDIAN (IF UNDER 18)	CHILD OR ADULT (C/A)	AMOUNT PAID

Surf Business Name : Surf More South Wales

Location: _____ Lesson Time: _____ Skill Level: _____ Conditions suitable: Yes / No
 Instructor: _____ (name) _____ (signature)



BOOKING FORM

**Please complete and return with payment to:
Surf More South Wales**

Energie, Acacia Ave, Port Talbot SA12 7DP

SURF LESSON/HIRE

Date of lesson/hire:

Time/duration of lesson/hire:

Payment enclosed: £

STUDENT DETAILS

Name:

Age:

Wetsuit/Boot Size:

Ability (please circle): Beginner Improver Intermediate Advanced

Address:

Telephone number:

Email:

You should not participate in a surfing lesson if you have a medical condition that could be adversely affected by surfing. It is your responsibility to first check with your Doctor.

EMERGENCY CONTACT

Name:

Relationship:

Tel. number (mobile):

Tel. number (home):

DECLARATION OF STUDENT OR PARENT/CARER IF STUDENT IS UNDER 18.

DO NOT SIGN IF YOU ARE UNDER 18 YEARS.

1. The student named above is able to swim at least 50 metres in open sea water and has no medical conditions that would be adversely affected by surfing. I consent to the student name above receiving emergency medical treatment which may be necessary and I have read and understood the School's terms and conditions for lessons and/or hired products.
2. I consent to: publication of the student's image for Surf More South Wales' use, including on social media sites such as Facebook and; receiving information from the School.(delete if necessary).

Print and sign student name or parent/carer if student is under 18 years:

Name:

Signature:

Date:



BOOKING FORM

**Please complete and return with payment to:
Surf More South Wales**

Energie, Acacia Ave, Port Talbot SA12 7DP

SURF LESSON/HIRE

Date of lesson/hire:

Time/duration of lesson/hire:

Name of party:

Number in party:

Payment enclosed: £

GROUP DETAILS

NAME	AGE	ABILITY	HEIGHT	WETSUIT SIZE	BOOT SIZE

Ability – Beginner (B), Improver (I), Advanced (A)

Wetsuit Size – Male = Chest size or if unknown, jumper size (snug fit) Female = Dress size