



Liability Form

I, _____ agree to assume all risk incidental to participation in surfing related activities associated with *Pure Life Surf School*. I hereby grant permission for myself or my child to attend *Pure Life Surf School*. I hereby release *Pure Life Surf School and the County of Volusia* from any and all liabilities, claims, actions, damages, cost, and/or expenses, arising from or in anyway connected with the participation in all surfing and related activities including transportation to and from locations.

I hereby agree that *Pure Life Surf School* and its owners, officers, instructors, and *the County of Volusia* are not in any capacity personally responsible or liable for any injuries or damage resulting from my participation in any *Pure Life Surf School* programs. I fully understand and acknowledge that Surfing is an inherently dangerous activity. I acknowledge and assume any and all risk associated with the activity including the presence of any and all sea life that may be in the ocean or on the beach.

Right to Photograph: By signing below, I hereby agree to allow myself, my child(ren), or their legal guardians, to be photographed for promotional purposes for *Pure Life Surf School*. This includes still photography, video, television, and web based promotional materials. *Pure Life Surf School* 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 the parent/guardian or child.

Medical Release:

_____ Initial here I hereby authorize any *Pure Life Surf School* personnel to conduct any minor Medical First Aid that may be required for my child or myself.

_____ Initial here I hereby authorize any Physician or Nurses selected by *Pure Life Surf School* personnel to order and conduct medical or surgical procedures deemed necessary for myself or my child in an emergency situation. I understand that I will be responsible for all Ambulance, Hospital, Laboratory, and Doctor Fees and that there is no accident or medical insurance provided with this program.

_____ Initial here I verify that I/my dependent am in good health and am fully capable of participating in any and all strenuous activities associated with any *Pure Life Surf School* activity. I fully understand that each participant must be a competent swimmer and acknowledge that I am a competent swimmer.

I, _____, as the parent or legal guardian, give my permission
Name of parent or legal guardian

for _____ to participate at *Pure Life Surf School*.
Student's name

By signing below, I understand and acknowledge the above stated risks associated with my child or Ward's participation in surfing related activities with the *Pure Life Surf School*

Signature of Parent or Guardian, Participants

Date