

CROSSWAVES FAMILY SURFING MINISTRY

WAIVER & RELEASE OF LIABILITY [Read before Signing]



BY SIGNING THIS DOCUMENT, YOU ASSUME ALL RISKS & WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

NAME OF PARTICIPANT: _ PHONE: _()	AGE	E: DATE OF BIRTH		
ADDRESS:		СПУ:	STATE:	ZIP:
*** WARNING *** !!!!!				
subsidiaries, affiliates, parti representatives) on behalf of	ners, officers, directors, en the Participant or his or he	mployees, agents & vol r heirs, assigns & legal re	unteers (and each of the presentatives, from any & a	eases CROSSWAVES, its lessors, it eir respective heirs, assigns & lega all liability for negligence, bodily injuries VES or leadership (surfboards, boogle
	to the person or to Third P	arties & the Participant is	fully aware of the risks in	sports are Dangerous Activities. These herent in engaging in or observing any vim adequately.
No matter how careful the Pa	rticipants & staff are, the ris	k cannot be eliminated.		
catastrophic injuries such as while merely observing or be conditions of the beach, & th voluntarily assumes all risk of	permanent paralysis or dealing in proximity to surf Activate conditions may become floss, damage or injury whiferent activities & the Part	th from landings or falls or fities as other Participants more dangerous during the ile on the premises. The ficipant will buy abide by	the back, neck or head. The may collide, land or fall up the time that the Participant Participant acknowledges the the Rules for use of the va	ations & muscle pulls. The risks include the Participants may suffer such injuries on you. The Participant is aware of the is using the premises. The Participan that there are various degrees of skill & rious beach Activities, & will follow the cipation in activities.
				damages, actions, claims, judgments EADERS property, or presence at a
expenses incurred will be the	e responsibility of the Partic	cipant or the Participant's	family. I certify to CROSS	requiring medical attention. All medica SWAVES & LEADERS, that I have no SSWAVES event (surf lessons)
I permit CROSSWAVES & Li CROSSWAVES events spon				other records taken while I am at any legitimate purposes.
	s, competitions & activities			ims, including, but not limited to oper This Agreement shall apply to all my
TERMS OF THE RELEASE ADVANCE. I CERTIFY THAT	& UNDERSTAND THAT A MY PARTICIPATION IS C TO BEAR THE COSTS	NY & ALL RISKS, WHE OVERED BY INSURANC FOR SUCH INJURY OR	THER KNOWN OR UNKN E TO COVER ANY INJUR	S. I AGREE TO BE BOUND BY THE OWN, ARE EXPRESSLY WAIVED IN BY OR DAMAGES I MAY SUFFER OF OR OTHERS. I HAVE SIGNED THIS
AGE:DATE SIGN	ED:Par	ticipant's Signature		The second secon
FOR PARTICIPANTS of	MINORITY AGE (UNI	DER AGE 18 AT THE TIM	E OF REGISTRATION)	
This is to certify that I, as parelease & agree to indemnify	rent/guardian with legal res	ponsibility for this Participes from any & all liabilities	eant, do consent & agree to incident to my minor chil	o his/her release as provided above. Id's involvement or participation in the fullest extent permitted by the law.

Parent/Guardian's Signature _____ Emergency Phone # (____) Date Signed _____