



## **VOLUNTEER AND PARTICIPANT REGISTRATION FORM**

# **RIDING THE WAVE OF AUTISM SURF CAMP 2017**

**Applications must be returned to:**

**[joe@smartpharmacy.com](mailto:joe@smartpharmacy.com)**

**FIRST COME, FIRST SERVED - 25 PARTICIPANTS MAXIMUM**

**CAMP SESSION JUNE 19 - 20, 2017**

**8:30am to 11:30am**

**Each participant will receive: Cool t-shirt; bag of surf goodies; use of beginner's board**

### **NOTES**

- *Riding the Wave of Autism Surf Camp 2017* is presented solely by The HEAL Foundation (HEAL). HEAL is the only official sponsor. All staff and/or equipment are under the exclusive direction and control of HEAL.
- HEAL makes no representations, guarantees, warranties, or affirmations regarding the quality, safety, or appropriateness of the instructors, equipment, or educational quality of the *Riding the Wave of Autism Surf Camp 2017*.
- All participants **must** be competent ocean swimmers.
- Due to safety requirements, should hard boards be brought to camp, the instructors will have the final discretion as to the use of said board during camp.
- Soft surf boards will be provided for use to the participant at no charge.
- 2 complete camp days will constitute a full session should there be an interruption due to weather related conditions.
- All participants must report to camp on time.





## **Surf Camp 2017 Waiver & Release of Liability**

### **VOLUNTEERS AND PARTICIPANTS**

In consideration for my minor child/volunteer participating in Surf Camp 2017 and its related events and activities, I, the undersigned agree to and acknowledge the following terms and conditions:

1. I am the parent or legal guardian of the below named child; that I have the legal right to make decisions on behalf and for said child; and I wish to exercise my rights in making such decisions on behalf/for said child;
2. Prior to having the below said child participate, I will have the opportunity to inspect the facilities and equipment being used, and question the instructors/staff. Should I or said child discover/sense anything that I/child believe is unsafe, I will not permit the child to participate and I will immediately advise the instructors/staff on the unsafe conditions;
3. Each participant will be engaging in activities the involve some risk of injury, including but not limited to permanent disability or death. Severe social and economic loss might occur as a result not only from their own actions, inactions, or negligence, but also from the action, inaction, or negligence of others; or ocean/beach conditions, or of any equipment used. Further, there may be other unforeseen risks not known to the sponsors/staff/instructors at this time;
4. Surf Camp 2017 is presented by The HEAL Foundation (HEAL) as the only official sponsor. I understand and agree that all staff/instructors and equipment are under the exclusive custody and control of HEAL. In having my child participate in Surf Camp 2017, I am not relying upon any representations, guarantees, warranties, educational content, or affirmations from HEAL.
5. I assume all the foregoing risks and accept personal responsibility for damages following any injury, disability, or death.
6. I release, waive, discharge, and covenant not to pursue legal action against HEAL, the City of Neptune Beach, T.D. Brooks, Inc., d/b/a Sunrise Surf Shop, Treco Brooks, LLC, and T. Daniel Brooks, their agents, employees, and successors-in-interest or assigns, other camp participants, and any other sponsoring agencies (either public or private) from any and all liability to the undersigned and the undersigned's child, their heirs and next of kin, for any and all claims, demands, losses, or alleged to have been cause in whole or part by the negligence of HEAL, the City of Neptune Beach, T.D. Brooks, Inc. d/b/a Sun Rise Surf Shop, Treco Brooks, LLC, and T. Daniel Brooks, their agents, employees, or other camp participants, or any other agency(public or private);

**I HAVE READ THE ABOVE WAIVER AND RELEASE; I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS ACCRUING TO MY CHILD AND MYSELF, AND MY SIGNATURE IS VOLUNTARY.**

Participant Name (Print) \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Contact Phone Numbers: CELL \_\_\_\_\_ WORK \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Please contact the HEAL Foundation at 904.716.4198 or email [info@HealAutismNow.org](mailto:info@HealAutismNow.org) with any questions.

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