



**WAIVER FOR MINOR PARTICIPANT**

CAMPER NAME: \_\_\_\_\_ . DATE: \_\_\_\_\_

AUTHORIZED GUARDIAN NAME & CONTACT#: \_\_\_\_\_

AUTHORIZED GUARDIAN EMAIL: \_\_\_\_\_

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardians of the above minor, hereby authorize Robbie French Inc. DBA Perfect Day Surf Camp, and its affiliates to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and /or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above minor, for myself and on behalf of the above minor, our heirs, assigns and next of kin (“I”), acknowledge that participation in the Camp (including photo-shoots, surf trips, surf instruction, junior guard prep instruction, beach activities and games and other surf, camp or class events that Perfect Day Surf Camp may conduct or in which Perfect Day Surf Camp students and club members may participate) may involve travel, participation in inherently dangerous activities (often in adverse conditions), physical contact and risk of severe, permanent physical injury including brain damage, nerve and spinal cord injury, paralysis and death. I also acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Perfect Day Surf Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while participating in Perfect Day Surf Camps activities or classes may result from the actions, omissions, or negligence of my child, myself and others, including, but not limited to, employees, volunteers, and program participants and their families. For me, and on behalf of the above minor, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

In consideration of accepting and permitting the voluntary participation of the above-named participant in the Camp, I hereby release, discharge and agree to hold harmless Robbie French Inc. DBA Perfect Day Surf Camp, The City of Santa Monica Beach, The City of Redondo Beach, The City of Manhattan Beach, The City of Hermosa Beach, LA County Beaches and Harbors, and its employees, volunteers, officials, sponsors and other representatives from any and all damages, claims, demands, costs, expenses and compensation arising out of or in any way related to any injury, physical or otherwise, or other damage that may result to said participant, or the property of said participant, in connection with the Camp. I also understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Perfect Day Surf Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Perfect Day program.

ACKNOWLEDGEMENT AND CONSENT: I acknowledge that Perfect Day Surf Camp may compile and use the name, likeness, recorded voice, addresses, photographs, biographical sketch, film and videos of the named individual in advertising, marketing, product, packaging or other use, without compensation and without restriction as to duration, geography, media or frequency. I consent to such uses and hereby waive all rights to compensation.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT PROVISIONS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PARTICIPANT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM BELOW OR DIGITALLY AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE PARTICIPANT.

Authorize Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# ADULT RELEASE FORM

I hereby acknowledge that I will be participating in "Perfect Day Surf Camp".

I am 18 years of age or older and I acknowledge that I have read and understand the terms of this release. In consideration of the right to participate in the Camp/Lesson, which I acknowledge is good, valuable and sufficient consideration, I hereby agree as follows:

I acknowledge that Robbie French Inc., Inc. DBA Perfect Day Surf Camp Sponsors and its officers, directors, shareholders, affiliated companies, agents, and employees of each of them and any other sponsors or co-sponsors, promoters and host(s) ("Other Releasees") of the Camp/Lessons do not operate the Camp/lesson, and have not and do not assume any liability for any injury, damage or loss of any nature whatsoever which may occur as a result of any reason, either during the Camp/lesson, while traveling to or from the Camp/lesson, or while lodging for the Camp/lesson.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in the Camp/lesson (including photo-shoots, surf trips, surf instruction, junior guard prep instruction, beach activities and games and other surf, camp, lesson or class events that Perfect Day Surf Camp may conduct or in which Perfect Day Surf Camp students and club members may participate) may involve travel, participation in inherently dangerous activities (often in adverse conditions), physical contact and risk of severe, permanent physical injury including brain damage, nerve and spinal cord injury, paralysis and death. I also acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending Perfect Day Surf Camp and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while participating in Perfect Day Surf Camps activities, lessons or classes may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families. I willingly and voluntarily accept and assume all such risk.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF Robbie French Inc. DBA Perfect Day Surf Camp, THE OTHER RELEASEES, or others, and assume full responsibility for my participation, and I willingly agree to comply with any stated and customary terms and conditions for participation.

In consideration of accepting and permitting the voluntary participation, I hereby release, discharge and agree to hold harmless Robbie French Inc. DBA Perfect Day Surf Camp, The City of Santa Monica Beach, The City of Redondo Beach, The City of Manhattan Beach, The City of Hermosa Beach, LA County Beaches and Harbors and its employees, volunteers, officials, sponsors and other representatives from any and all damages, claims, demands, costs, expenses and compensation arising out of or in any way related to any injury, physical or otherwise, or other damage that may result to said participant, or the property of said participant, in connection with the Camp.

**ACKNOWLEDGEMENT AND CONSENT:** I acknowledge that Robbie French Inc. DBA Perfect Day Surf Camp may compile and use the name, likeness, recorded voice, addresses, photographs, biographical sketch, film and videos of the named individual in advertising, marketing, product, packaging or other use, without compensation and without restriction as to duration, geography, media or frequency. I consent to such uses and hereby waive all rights to compensation.

If I become incapacitated and require emergency medical treatment, I hereby consent to medical or dental examination and treatment.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT PROVISIONS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I, THE PARTICIPANT, HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM BELOW OR DIGITALLY AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF.

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PARTICIPANT NAME

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SIGNATURE

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DATE