



Surf Lesson Consent Form

Valid until 30 June 2017

To be completed by the student or by the student's parent/guardian if the student is under 18 years of age. The information will be kept confidential.

Surfer's Name: D/O/B..... Gender.....

Address: Street

Suburb Postcode

Telephone Email Address.....

Section 1: Health support information for surf lessons
Please complete the following information so the instructors can plan for your/your child's safety in the water.

Doctor's Name:..... Doctor's Phone Number:

Do/does you/your child have a health care need that could affect your/their safety in the water?

NO If NO, please go to section 2 – CONSENT TO TAKE PART IN SURF LESSONS

YES If YES, please give details below.

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Section 2: Consent to take part in surf lessons

If I/my child require(s) medical treatment as a result of an emergency or accident, I authorise South Coast Surf Academy instructors to arrange any medical assistance that may be required and I agree to pay all associated costs involved including ambulance or other conveyancing considered necessary by those in authority.

In applying to participate in South Coast Surf Academy surf lessons I ACKNOWLEDGE that there are inherent dangers associated with the sport of surfing and my participation in the lesson and that serious accidents can happen which may result in me being injured. To the full extent permitted by law, I agree to absolve and indemnify South Coast Surf Academy, their employees, and Dan Keelan from and against any and all liability for injury, loss or damage, however caused arising out of my participation in the lesson.

As part of our "Consent" form, you are asked to agree to have your photograph used for promotional purposes of South Coast Surf Academy. If you are signing the form, you are consenting to the use of your image by us. You have the right to cross this part of the form out and no photographs will be taken or used by us. You have our assurance that any photographs utilised will be done with the utmost discretion.

By providing your email address, you agree to receive emails regarding special events, offers, and other related information from South Coast Surf Academy only. Please tick this box if you wish to opt out.

1. I have provided the information required and completed this entire form. I warrant that all information provided is true and correct.
2. I have read, understood and agree to the above declaration including the warning, exclusion of liability, release and indemnity.

Signed: Parent/Guardian Signed:

(if under 18 years of age)

Name: Name:

Date: Date:

Section 3: Survey

How did you find out about South Coast Surf Academy? (Please be specific.)



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