

RELEASE FORM for Malibu Makos Surf Club

RELEASE OF ALL CLAIMS AND MEDICAL AUTHORIZATION:
MALIBU MAKOS SURF CLUB, INC.

I have enrolled myself or the below listed participant(s) (child or children) in a program or service of the Malibu Makos Surf Club (includes: Surf Ocean Safety Day Camp, Saturday Surf Camp, Surf Lessons, Kayak Lessons, Lifeguard Service, Private Events and Introduction to Surfing at Pepperdine University). I understand the participant's participation in the programs and services involves activities with inherent risks including, but not limited to, surfing, body boarding, kayaking, swimming, running, paddling, skim-boarding, and other beach-related sports and activities, including all necessary travel and transportation to and from Malibu Makos Surf Club. I understand the inherent risks in the activities offered by the Malibu Makos Surf Club cannot be eliminated. Individually, as a participant, and as the parent or guardian of the participant, I HEREBY EXPRESSLY ASSUME ALL RISKS associated with my or the participant's participation in the Malibu Makos Surf Club including all risks associated with ocean water sports, related beach activities and necessary travel, and that I am aware that I myself or the participants will use equipment intended to improve or enhance my or the participant's skills.

Despite my understanding of the foregoing risks, I, individually and as the participant or parent or legal guardian of the participant, FOREVER AGREE NOT TO SUE AND TO RELEASE FROM LIABILITY AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS the Malibu Makos Surf Club, County of Los Angeles, State of California, Pepperdine, staff, members and their representatives, owners, sponsors and affiliates, employees and agents, and volunteers for any and all damage or injury, known or unknown, within the meaning of Civil Code Section 1542, arising out of my or the participant's participation in the Malibu Makos regardless of the cause, including NEGLIGENCE. I further authorize any physician, surgeon, paramedic, lifeguard, or nurse to render medical care when necessary, the costs of which are my sole responsibility. I understand that the foregoing is a LIABILITY RELEASE and a MEDICAL AUTHORIZATION that is legally binding on me, the participant, our heirs and our legal representatives, and I sign it off on my free will. A fax or copy of this form is to be treated as if it were the original. A completed copy of this form is required for all participants.

Participant Name _____

Signature of parent/guardian _____ Date _____

Print Name _____