



4033 Aurora Ave N
Seattle, WA 98103
206.632.7750

Surf Lesson Registration Form

Surf Lesson Date _____ Time _____

Location _____

Student's Name _____

Phone _____

Address _____

E-Mail Address _____

check to sign up for Wave Hounds e-mail newsletter

Emergency Contact Name _____

Emergency Contact Phone _____

Parent's name (if the student is under 18) _____

Special needs, medical conditions and/or medications you take that we should know about:

Release of Liability and Assumption of Risk Agreement

Please read this release carefully before signing. This release essentially states that I know I am taking a surfing lesson and will be entering the water at the beach. As a result of the inherent risks in this activity, I know I may die, get hurt, or damage my belongings. If any of these occur, I understand that I cannot make a claim, sue, or expect Wave Hounds LLC, their owners, officers, agents, employees and associates (hereafter referred to collectively as WAVE HOUNDS) to be legally responsible or pay for any damages.

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISKS: I, the undersigned, hereby acknowledge that I have voluntarily chosen to take this surfing lesson with WAVE HOUNDS. Certain risks are inherent in any recreational activity and cannot be eliminated or controlled. I know and fully understand that surfing is an outdoor activity in an uncontrolled natural environment with inherent risks and hazards where serious accidents can occur, participants can die, sustain injuries and property damage.

I acknowledge and willingly assume all risks and hazards in surfing and beach-related activities from the rendezvous until the conclusion of the class or lesson, including, but not limited to, (1) loss of control of the surfboard, falls from the surfboard, collision with other participants, equipment, other surfboards, rocks, and any other man-made or natural obstacles, whether obvious or not; (2) judgment, decision-making and conduct of the instructors, excepting acts of wanton or gross negligence; (3) submersion in water, drowning; (4) encounters with animals, marine life and insects; (5) exposure to outdoor ocean environment, extreme temperatures, sun, and inclement weather; (6) lifting and/or carrying surfing equipment; (7) rescue-related injuries; (8) unavailability of immediate and appropriate medical attention in case of injury. I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, anticipated or unanticipated may also exist and result in injury, illness, disease, death or damage. **My participation in this activity is purely voluntary and I elect to do so at my own risk.**

RELEASE: In consideration for WAVE HOUNDS allowing me to participate in this class or lesson, I voluntarily agree to release, discharge, and hold harmless WAVE HOUNDS for any and all claims of liability arising out of their negligence, fault, recklessness, or any other act or omission which causes the undersigned illness, injury, disease, death, and damages of any nature in any way connected with my participation in this surfing activity. I also expressly agree to release and discharge WAVE HOUNDS from any acts or omission, excluding acts of wanton or gross negligence, in rendering or failing to render any type of rescue, emergency or medical services. **In signing this document, I fully recognize and understand that if I (or any minor on whose behalf I am signing this release) am hurt, die, or my property is damaged, I am giving up my right to make a claim or file a lawsuit against WAVE HOUNDS, even if they negligently or by some other act of omission, excluding acts of wanton or gross negligence, cause the injury or damage.**

I further agree to hold harmless, defend and indemnify WAVE HOUNDS from all defense costs, including attorney's fees incurred in connection with claims for bodily injury, wrongful death or property damage, sustained by any minor under 18 years of age on whose behalf I am signing, or which I may have caused to spectators or other third parties, whether negligent or not, in the course of my participation in this activity.

Should emergency medical services become necessary for the undersigned participant or minor, the expenses are the sole responsibility of the participant and not that of WAVE HOUNDS. **Personal medical insurance is strongly advised for all participants.** As a parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agree that said minor may participate in this surfing lesson or class. In addition, I give WAVE HOUNDS permission to treat said minor in case of illness, injury, emergency, or accident.

WAVE HOUNDS reserves the right to accept or deny service to any person. I hereby agree to follow all rules, regulations, and instructions of WAVE HOUNDS while participating in this class or lesson. I also certify that I and/or any minor on whose behalf I am signing are physically and mentally capable of participating in this activity. I hereby represent that I have informed WAVE HOUNDS of any pertinent medical conditions that may affect my or the minor's participation in this surfing activity. I hereby agree that WAVE HOUNDS may use film or digital photographic records of this surfing class for its promotional and/or commercial purposes without compensation to me.

The venue of any dispute that may arise out of this agreement or otherwise shall be the State of Washington.

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY. I UNDERSTAND THAT I AM ASSUMING ALL THE RISKS INHERENT IN THIS SURFING ACTIVITY. I UNDERSTAND THAT IT IS A RELEASE OF ANY AND ALL CLAIMS. I UNDERSTAND THAT THIS IS THE ENTIRE AGREEMENT BETWEEN THE UNDERSIGNED AND WAVE HOUNDS, THEIR OWNERS, OFFICERS, AGENTS, AND EMPLOYEES, AND THAT IT CANNOT BE MODIFIED OR CHANGED IN ANY WAY BY THE REPRESENTATIONS OR STATEMENTS BY WAVE HOUNDS OR BY THE UNDERSIGNED. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF ALL THE PROVISIONS IN THIS RELEASE AND MY AGREEMENT TO BE BOUND BY THEM.

X _____

Date _____