

Parents Name:

Parent's signature (where applicant under 18 y.o) :.....



COOLUM SURFING SCHOOL (KENDALL SURF PTY LTD)

	Name of School/Group		, 	
ABN 80	6 123 932 187 Event Participant's Dec In applying to participate in this COOLUM SURFING SCHO	claration	mobile ph	0438 731 503 t"):
•	I ACKNOWLEDGE that there are inherent dangers associated with this activity and my participation in the activity, and that serious accidents can and do often happen which may result in me being injured.			
•	I DECLARE that I am medically and physically fit and free from impairment and able to participate in the Event.			
•	To the full extent permitted by law, I agree to ABSOLVE AND INDEMNIFY <i>COOLUM SURFING SCHOOL</i> , its directors, officers and employees from and against any and all liability for injury, loss or damage however caused arising out of my participation in the Event.			
 I agree to RELEASE AND FOREVER DISCHARGE COOLUM SURFING SCHOOL from all claims that I may have or may have had but for this release arising from my participation in the Event. 				
 I AUTHORISE COOLUM SURFING SCHOOL to arrange medical or hospital treatment (including, without limitation, ambulance transportation) if I am not available to do so and I INDEMNIFY COOLUM SURFING SCHOOL for all costs associated therewith. 				
I AGREE that COOLUM SURFING SCHOOL retains the right to utilize images of my participation in the Event for the purposes of promoting COOLUM SURFING SCHOOL programs and events.				
I have read, understood, acknowledge and agree to the above declaration including the warning, release and				
indemnity. STUDENTS NAME: PHONE: PHONE:				
21006	ENTS NAME:	PHONE:	•••••	
ADDRE	ESS:	POST COD	E:	
EMAIL ADDRESS:				
MOBIL	E: AGES: M	1ALE F	FEMALE	
Please indicate medical conditions that coaches should be aware of:				
How many lessons have you taken with this surf school previously? :				
Signed	: Date:			
Where the applicant is under 18 years of age this form must also be signed by the applicant's parent or legal guardian.				
I,				