

Nex Generation Surf School
Mail all correspondence to:
47 South Atlantic Ave.
Cocoa Beach, FL 32931
Phone: (321) 591-9577

All students, and guardians of participating students, prior to enrollment and participation in the Nex Generation Surf School, (referred to herein and after in this document as N.G.S.S) must first read, then complete the following "Waiver of Liability and Acknowledgment Form".

I _____ agree to assume all risks incidental to participation
Students Name _____

in surfing related activities associated with the N.G.S.S. I hereby grant permission for myself or my child to attend the N.G.S.S. I hereby release N.G.S.S. from any and all liabilities, claims, actions, damages, costs and/or expenses, arising from or in anyway connected with my participation in all surfing related activities conducted by N.G.S.S.

I hereby agree that N.G.S.S., its owners, officers and instructors, are not in any capacity personally responsible or liable for any injuries or damage resulting from my participation in any N.G.S.S programs. I fully understand and acknowledge that Surfing, Skateboarding, Bodyboarding, Skimboarding, , Indoboarding and Kayaking are inherently dangerous activities. I acknowledge and assume any and all risks associated with the presence of any and all Sea Life that may be in the ocean or on the beach.

Right to Photograph: By signing this agreement I hereby give my consent and approval to the N.G.S.S, that they shall have the right, without obtaining my further approval, to photograph, take motion pictures of, televise, or reproduce in any manner or through any media, images of myself, my child, and my legal guardians. The N.G.S.S. shall have the right to display, use, sell or license any such Pictures or other reproductions for any purposes commercial or otherwise without monetary compensation to myself, my child or my legal guardian. YES _____ NO _____ (Please check one)

I hereby authorize any N.G.S.S. personnel to conduct any minor Medical First Aid that may be required for my child or myself. YES _____ NO _____ (Please check one)

I hereby authorize any Physician or Nurses selected by N.G.S.S. personnel to order and conduct medical or surgical procedures deemed necessary for myself or my child in an emergency situation. I understand that I will be responsible for all Hospital, Laboratory, and Doctor Fees. YES _____ NO _____ (Please check one)

I verify that I am in good health and am fully capable of participating in any and all strenuous activities associated with any N.G.S.S. activities. I fully understand that each participant must be a competent swimmer and acknowledge that I am a competent swimmer.

CANCELLATION POLICY

NexGeneration Surf School provides a service of the highest quality and maximum results. Our services are based on limited space and availability, therefore all deposits and payments are **FINAL and NON-REFUNDABLE**. Cancellations that are made within **48 hours may be applied to a future surf camp or lesson**. Payments that carry over to a future surf camp or lesson must be used within one (1) year from the date of your signed contract.

Participant's signature _____ Date _____

I, _____, as the parent or legal guardian of _____ (Guardian
name) _____ (Students name)

Give my permission for my child or ward to participate in N.G.S.S. activities. I do understand and acknowledge the above stated risks associated with my child or ward's participation in surfing related activities with the N.G.S.S

Parent or Legal Guardian _____ Date _____