



461 Clifton Beach Rd,
Clifton Beach, TAS
PH: 0419 324 921

Indemnity Sign on Form and Surf Activity Agreement

Name:

Date of Birth:

Address:

Mobile No: Home Ph:.....

EMAIL:

EMERGENCY CONTACT PERSON

Name: Phone:

- I understand that COASTRIDER Surf Academy and employees will take all possible care but I acknowledge that surfing activities are dangerous and that waves/ocean can act in a sudden and unpredictable (changeable) way which may result in serious injury to myself.
- I declare that I can swim 50 metres.
- I declare that I do not have any medical or physical conditions that would affect my participation in the activity. (e.g. *Please advise instructor of asthma, previous broken bones, dislocated joints, diabetes, allergic reactions, wear contact lenses/hearing aids, and disabilities, etc.)*
- I agree not to drink alcohol or take prohibited drugs before or during surfing sessions.
- I understand that my signature to this document constitutes a complete and unconditional release or all liability of the proprietors of COASTRIDER Surf Academy and it's employees and agents to the greatest extent allowed by the law in the event of me and or the children under my care, suffering injury or death during this and further sessions which may be undertaken at the Academy.
- I authorise COASTRIDER Surf Academy to arrange medical or hospital treatment and agree to pay for all associated costs.
- I agree to receive promotional material from COASTRIDER Surf Academy.

Client Signature (parent/guardian if under 18) :.....

Name of Parent /Guardian (if signed by them)

Date: