

NSSC HAWAII

North Shore Winter Surf Camp

Parent/Guardian Release of Liability Form

I, _____, (hereinafter, the "Parent" or "Guardian"), the lawful Parent or Guardian of _____ (hereinafter, the "Athlete" or "Child") do hereby grant my permission and allow the named Athlete to attend any and/or all NSSC HAWAII activities during 2020 - 2021 including group travel with the NSSC HAWAII to North Shore Oahu for, and participation in, the 2020-2021 NSSC HAWAII North Shore Winter Surf Camp (the "NSSC HAWAII NSWSC") ___/___/___ to ___/___/_____. I understand that my Child's participation in the NSSC HAWAII NSSSC or any NSSC HAWAII, activity, training, photo or video shoot, or event indicates my decision to allow his/her involvement therein.

RELEASE OF LIABILITY

In participating in any and all 2020-2021 NSSC HAWAII events, the Athlete will inspect the event site and assure himself/herself that the area is safe for surfing, and further the Athlete agrees that he/she will not surf in the event unless he/she is satisfied that the area and conditions are safe for surfing purposes. I voluntarily agree to assume all risks incident to the sport of surfing, cross training, skateboarding, or foil boarding and fully understands and comprehend the dangers of surfing created by the sharp edges and fins and natural buoyancy of the surfboard when they are acted on by the powerful forces of the ocean and ocean waves. With full knowledge, comprehension and understanding of these

dangers, the I voluntarily accept and assume all risks involved in the spirit of competitive surfing.

I hereby release, forever discharge and agree to hold harmless NSSC HAWAII and/or Kahea Hart, and the directors, employees, or agents and sponsors thereof, from any and all liability, actions, claims or demands whatsoever for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by me while participating in any NSSC HAWAII trips, activities, training, photo or video shoots, or events, including the NSSC HAWAII NSFSC.

Further, I hereby agree to indemnify NSSC HAWAII and/or Kahea Hart, its directors, employees, agents, and sponsors for any liability sustained by NSSC HAWAII, as the result of the negligent, willful or intentional acts of said Athlete.

Participant's signature _____, **Child's Birth date** _____, **Age** _____

Parent/Guardian Signature(_____

Relationship to Child _____

Home Address

_____ Telephone (day) _____ (Evening)
_____ (Cell) _____

Emergency Contact Name _____
Emergency Contact Telephone _____
Do you carry medical/hospital insurance? _____

Name of insurance company _____

Policy or group # _____

Does the child have any medical condition(s) that we or any medical professional should be aware of? If so, please list them here (use additional sheets if necessary):

MEDICAL TREATMENT AUTHORIZATION FOR A MINOR

We, _____

hereby grant Kahea Hart and Claudia Cox, of 58-118 Kaunala St., Haleiwa, Hawaii 96712, the authority to obtain medical treatment for the following child(ren):

Name of Child:

Birthdate:

The above care provider(s) are authorized to:

- obtain medical treatment and procedures for the child(ren) as may be appropriate in emergency circumstances, including treatment by physicians, hospital and clinic personnel, and other appropriate health care providers.

- obtain routine medical treatment from appropriate health care providers if symptoms of illness occur (e.g., fever, coughing, irregular breathing, unusual rashes, swallowing problems, etc.).

This grant of temporary authority shall begin on ___/___/_____, and shall remain effective through ___/___/_____.

The care provider(s) may provide the physician and other health care providers with the following health insurance information:

Insurance Company:

Policy Number:

Name of Policy Holder:

Parent Address:

Preferred Phone Number:

Alternate Phone Number:

STATE OF HAWAII, ss: COUNTY OF _____, ss:

On this ____ day of _____, _____, before me personally appeared _____, to me known to be the person described in and who executed the foregoing Consent for Medical Treatment of a Minor, and, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Consent for Medical Treatment of a Minor subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.

Notary Public

Title (and Rank)

My commission expires
