



REGISTRATION FORM 2017

**** PLEASE COMPLETE ALL FIELDS ****

(We do not sell or give away any student or client information under any circumstances)

\$275 FOR 3-DAY CAMP SESSION

PARTICIPANT'S NAME			PARENT OR GUARDIAN NAME		
ADDRESS			CITY	STATE	ZIP
PHONE NUMBER			EMAIL ADDRESS (THIS IS HOW WE CONTACT YOU)		
PARTICIPANT'S AGE	SEX	DOB	PHYSICIAN'S NAME & NUMBER		
EMERGENCY CONTACT NAME			EMERGENCY CONTACT NUMBER		
SESSION CHOICE:					
_____ JUNE 10			BUTTERFLIES		
_____ JUNE 17			PLANTS + TREES		
_____ JUNE 24			BIRDS		
_____ JULY 1			SEA TURTLES		
_____ JULY 8			PLANTS + TREES		
_____ JULY 15			FISH		
_____ JULY 22			WATER		
_____ JULY 29			BUTTERFLIES		
_____ AUGUST 5			MARINE DEBRIS + SAND SCIENCE		
_____ AUGUST 12			WATER		

Liability Release for Summer Saturday Science Academy 2017 South Padre Island, Texas. In consideration of being allowed to participate in water sport events and activities, attending the Summer Saturday Science Academy and/or being provided with water sport recreational property or services, for myself and any minor children for whom I am a parent, legal guardian or otherwise responsible, and for my/our heirs, administrators, executors, successors, personal representatives or assigns: 1. ACKNOWLEDGMENT OF RISKS. Acknowledge that some, but not all, of the risks of participating in the water sport activity include: (1) Changing water flow, tides, currents wave action and ships wakes; (2) Collision with any of the following: other participants, surfboards, the watercraft, other watercraft, and manmade or natural objects; (3) My sense of balance, physical coordination, ability to operate equipment, swim and/or follow directions; (4) The presence of insects and marine life forms, including sharks; (5) Equipment failure or operator error; (6) Heat or sun related injuries or illnesses, including sunburn, sunstroke or dehydration; (7) fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of an accident. 2. EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY. Agree to assume responsibility for all the risks of the activity whether identified above or not, (EVEN THOSE RISKS ARISING OUT OF THE NEGLIGENCE OF Summer Saturday Science Academy AND ITS EMPLOYEES OR AGENTS). My/our participation in the activities purely voluntary. I assume full responsibility for myself and any minor children for whom I am a parent, legal guardian or otherwise responsible, and for my/our heirs, administrators, executors, successors, personal representatives or assigns for who I am responsible, any injury or loss of any kind, loss of personal property and expenses thereof as a result of any accident which may occur while I/we participate in the activity, (EVEN IF CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF Summer Saturday Science Academy AND ITS EMPLOYEES OR AGENTS), today and in the future Summer Saturday Science Academy and its employees shall use all reasonable efforts to operate with the level of care commensurate with similarly situated surf schools. 3. RELEASE. I hereby release Summer Saturday Science Academy, its principals, directors, officers, agents, employees, volunteers, and sponsors, their insurers (Collectively "Releases") FROM ANY AND ALL LIABILITY OF ANY NATURE FOR ANY AND ALL INJURY OR DAMAGE (INCLUDING DEATH) TO ME AND OR ANY MINOR CHILDREN FOR WHOM I AM A PARENT, LEGAL GUARDIAN OR OTHERWISE RESPONSIBLE, AND FOR MY/OUR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, PERSONAL REPRESENTATIVES OR ASSIGNS AND OTHER PERSONS as a result of my/our participation in the activity, (EVEN IF CAUSED BY THE NEGLIGENCE OF THE RELEASES NAMED ABOVE OR ANY OTHER PERSON (INCLUDING MYSELF), this day and at any time in the future. 4. PROMOTIONAL USE OF IMAGES: I hereby agree that Summer Saturday Science Academy may use film or photographic records of this surfing camp for its promotional and/or commercial purposes without compensation to me, and I consent to the use of my name and likeness for such use in any media now known or not known. I HAVE READ THIS ASSUMPTION AND ACKNOWLEDGMENT OF RISKS AND RELEASE LIABILITY. I AGREE TO ABIDE BY ALL RULES, REGULATIONS AND PROCEDURES OF THE Summer Saturday Science Academy. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM KNOWINGLY WAIVING ALL RIGHTS I MAY HAVE AGAINST THE OWNER, THE OPERATOR NAMED ABOVE, OR THEIR EMPLOYEES, AGENTS, SERVANTS OR ASSIGNS.

PARENT OR GUARDIAN SIGNATURE

DATE