



# SPI SESSIONS 2021 REGISTRATION

**\*\*Please complete all fields\*\***  
*We do not sell any client or student information*



Participants Name	Parent or Guardian Name
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Home Address (including city, state and zip)
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Cell Number	Email Address (this is how we contact you)
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Age	Sex	Date of Birth
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Liability Release for SPI Sessions 2021 South Padre Island, Texas. In consideration of being allowed to participate in water sport events and activities, attending SPI Sessions 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 SPI Sessions AND ITS EMPLOYEES OR AGENTS). My/our participation in the activities is 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 SPI Sessions AND ITS EMPLOYEES OR AGENTS), today and in the future SPI Sessions 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 SPI Sessions, 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 SPI Sessions 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 SPI Sessions . 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

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## PHOTO RELEASE

I hereby grant the SPI SESSIONS permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the SPI SESSIONS and will not be returned.

I hereby irrevocably authorize the SPI SESSIONS to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge the SPI SESSIONS from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THEIR SIGNATURES BELOW.

I ACCEPT:

PARENT OR GUARDIAN SIGNATURE

DATE

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## MEDICAL RELEASE FORM 2021

**\*\*Please complete all fields\*\***  
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Name of Minor	Address of Minor
Birth Date	Grade
Parent or Guardian Name	Cell Phone
Address ( <i>If different</i> )	Email Address

### **Insurance and Medical Information:**

Medical Carrier	Subscriber ID
Medical Group (Employer Name or Number)	Family Physician
Phone	
Specific Medical Allergies, Chronic Illness or Other Conditions	

**Alternate Contact in Case of Emergency:**

Name	Address
Cell	Relationship to Minor

**Alternate People Who Can Pick Up Your Child From SSS Camp:**

Name	Phone	Relationship To Minor

To whom it may concern: As the parent or guardian, I do herewith authorize the treatment by qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. I also release SPI SESSIONS, other organization (s) and individual(s) involved of any liability for any accident incurred during any of the 2021. This release will be used the entire year, June 2021 through May 2022. This includes any transporting of a child to and from any of our Field Trips. This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

PARENT OR GUARDIAN SIGNATURE

DATE

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## SPI SESSIONS SURVEY

*In order for SPI Sessions to be eligible for city, state, and county grants, it is imperative to measure the economic contribution SPI SESSIONS makes to South Padre Island. Please provide the following information to further our availability for these funding opportunities. **Thank you !!!***

Name of Hotel or Rental Management Company \_\_\_\_\_

Number of Nights Booked : \_\_\_\_\_

Or, do you own a residence on SPI where you will be staying?: \_\_\_Yes \_\_\_ No

Is SPI your primary residence? \_\_\_Yes \_\_\_ No

Was SPI SESSIONS your reason for visiting South Padre Island?

- Absolutely!
- No, but we are thrilled for the opportunity to participate in SPI SESSIONS programs.

Do you foresee yourself continuing to visit SPI because of the amenities SPI SESSIONS programs provide?

- Absolutely! We can't wait to return for next year's summer camps and clinics!
- No. We are here for other reasons. PI
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- ease explain: \_\_\_\_\_.