



## LEARN TO WINDSURF CLINIC & FESTIVAL RELEASE FORM

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Emergency Number \_\_\_\_\_

Email Address \_\_\_\_\_

Previous Windsurfing Experience \_\_\_\_\_

How did you hear about the event? \_\_\_\_\_

### WAIVER, RELEASE AND INDEMNITY AGREEMENT

In consideration of acceptance of my entry, I, intending to be legally bound, do hereby for myself, my heirs, my executors and administrators, waive, release and forever discharge any and all rights and claims for damages that may hereafter accrue to me against the Austin Windsurf Club, its officials, employees and agents of any and all liability or responsibility arising from any injury received or incurred by participation in the Austin Windsurf Club "Learn to Windsurf Clinic & Festival." My release is also given for reproduction of any photographs taken of me or including me for any use whatsoever. I understand that I am waiving rights that otherwise would have been mine by law, and I do so of my own free will and consent.

This is the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed \_\_\_\_\_

If under 18 years old, signature of Parent or Guardian

Austin Windsurf Club use only:

Amount of Donation: \_\_\_\_\_ Class Time: \_\_\_\_\_