

# Ocean Adventures

Summer Camp Registration Form

Camper's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent /Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Allergy/ Medication Requirements:  
If yes, please explain: \_\_\_\_\_

Medical Insurance (REQUIRED): \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical Group/Doctor: \_\_\_\_\_

Emergency Contacts:  
1. \_\_\_\_\_ Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_  
3. \_\_\_\_\_ Phone: \_\_\_\_\_

Release: Ocean Adventures cannot be held responsible for any injuries incurred during camp. I agree to waive my rights to sue Ocean Adventures, the proprietors of Ocean Adventures or any of their sponsors. If my child needs medical attention Ocean Adventures has my authorization to obtain it from any licensed practitioner or hospital as the camp deems necessary and Ocean Adventures may act in my place in this regard. All medical costs related to camper's injury/injuries are the sole responsibility of the camper's parents.

I give permission for my son / daughter to appear in photographs or film prepared by Ocean Adventures and or the press (newsletters, magazines, brochures, Ocean Adventures website, and press releases or by the media for publication). This is permission is for the purpose of sharing information about Ocean Adventures camps, parties, lessons and affiliated activities.

I do not give permission for my son / daughter to appear in photographs or film prepared by Ocean Adventures and or the press (newsletters, magazines, brochures, Ocean Adventures Website, and press releases or by the media for publication).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Session Week(s): \_\_\_\_\_

Camp: Beach Day Camp \$325/wk      Ocean Sport and Safety \$355/wk      Marine Biology Camp \$355/wk

How did you hear about us?  Summer Camp Guide     A-Frame Surf Shop     Internet     Friend     Postcard     Flyer/Poster

**50% of total cost is required to reserve space. Balance is due on the first day of camp.**  
Visit [www.summerbeachcamp.com](http://www.summerbeachcamp.com) to make a credit card payment. To contact us: 805-684-8803

Please make checks payable to: **Ocean Adventures** and send to: **3785 Santa Claus Lane, Carpinteria, CA 93013**

# Ocean Adventures

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Ocean Adventures, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "OA"), I hereby agree to release, indemnify, and discharge OA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that surfing, boogie boarding, swimming and/or sea kayaking entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** Surfing and boogie boarding-being hit by the board, other surfers or their boards which could result in cuts, bruises, or abrasions, and concussions; hitting the bottom of the ocean; sprains, strains, broken bones, paralysis, even death; exhaustion, dehydration, sunburn; exposure to poisonous and/or carnivorous sea creatures; and accidental drowning. Sea kayaking-boat capsize and entrapment; tidal conditions, surf and currents; travel in remote areas; collision with objects or other watercraft; prolonged exposure to cold water, hypothermia, accidental drowning; illness in remote areas; exposure to sun, strong wind, cold, storms, large waves, eddies and whirlpools, and lightning; aggressive and/or poisonous marine life; wrist, arm, shoulder, and/or back injuries; slips and falls while hiking; and rapidly changing adverse weather and water conditions.

Furthermore, OA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless OA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of OA's equipment or facilities, **including any such claims which allege negligent acts or omissions of OA.**

4. Should OA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against OA, I agree to do so solely in the state of California, and I further agree that the substantive law of California shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against OA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by OA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless OA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_