

## Bill Bryan Skim School Application and Release Forms – 2008

Name of Participant: \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

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

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

Phone: (    ) \_\_\_\_\_

Cell: (    ) \_\_\_\_\_

By signing this Release and Hold Harmless form, I firmly acknowledge that there are risks associated with skimboarding and understand that injuries and property damage may occur during skimboarding and during participation with the Bill Bryan Skim School. I am aware of the inherent risks involved in skimboarding and that injuries and property damage are normal occurrences, and I freely assume those risks. I fully recognize such hazards and understand the nature and existence of such inherent risks. In the event of injury to my child, dependent, or myself, or damage to personal property, I hereby agree to release Bill Bryan, Tenth St. Bros, its owners, employees, and sponsors, from any and all liability claims or personal injury claims, including accidental death. Additionally, in the event of injury to my child, dependent, or myself, or damage to personal property, I further agree to indemnify, defend, and hold harmless Bill Bryan and the Tenth St. Bros., its owners, employees, and sponsors, from any and all liability claims or personal injury claims, including accidental death. Furthermore, I agree to indemnify, defend, hold harmless and release the City of Laguna Beach, the City of San Clemente, the City of Dana Point, the City of Corona Del Mar, the City of Newport Beach, and the State of California (the "Cities and State") and their elected and appointed officials, agents, employees, and volunteers from any and all lawsuits, damages, claims, judgments, losses, liability or expenses arising out of: (1) the death or personal injury or property damage to myself, my child, or my ward which may be sustained while using property owned by or under the control of the Cities and State; or (2) any death or injury which results or increases by any action taken to medically treat me, my child, or my ward. All of the terms above shall apply whether or not caused by the alleged negligence, whether active or passive, or any acts of omissions of the Cities and State, or any of their elected or appointed officials, agents, employees, or volunteers.

In the event that I cannot be reached in the case of a medical emergency, I hereby grant permission to provide emergency care and secure proper treatment for my child, my dependent, or myself.

By signing this form, you irrevocably grant to Bill Bryan and the Tenth St. Bros. perpetually, exclusively, and for all media throughout the world, the right to use and incorporate, in whole or in part, photographs or video footage taken of you during your participation at Bill Bryan Skim School.

**By signing this Hold Harmless and Release, Medical Release and Release of Media Rights Form, I attest to reading it in full, and to completely understanding and agreeing to its terms. I understand that this release form is valid for all Bill Bryan Skim School and Tenth St. Bros. activities from the date I sign below to January 1, 2010.**

**If the participant is a minor, the undersigned parent or legal guardian warrants and represents that this Release, its significance and the assumption of risk has been explained to and understood by my minor child or ward. If the participant is a minor, I hereby declare, under penalty of perjury pursuant to the laws of the State of California, that I am the parent or legal guardian of the named participant.**

**Date:** \_\_\_\_\_

**Name of Participant:**

\_\_\_\_\_

**Signature of Participant (if 18 years or older):**

\_\_\_\_\_

**Name of Parent or Legal Guardian:**

\_\_\_\_\_

**Legal Relation to Participant:**

\_\_\_\_\_

**Signature of Legal Guardian:**

\_\_\_\_\_