



INDEMNITY FORM

LOCATION OF EVENT: ----- **DATES** -----

SURNAME: ----- **CHRISTIAN NAME:** -----

AGE: ----- **DATE OF BIRTH:** -----/-----/-----

ADDRESS: -----

PARISH: ----- **POST CODE:** -----

EMERGENCY CONTACT NAME: -----

EMERGENCY CONTACT NUMBER: -----

In consideration for my being able to participate in the-----, (hereinafter the "EVENT"), I state I am an experienced surfer, familiar with all the hazardous conditions, which exist in connection with these Events. I am aware that there are hazards that may exist in connection with my participation in competitions and I voluntarily participate in these activities with knowledge of those hazards.

I further state that I hereby assume the risk for any injuries that I may sustain in connection with my participating in these competitions, and I hereby fully release and forever discharge the Channel Island Surfing Federation (CISF), CISF Officials and Directors, Sponsors and Organisers of the Event, City, County and Region, where applicable, and their respective agents and employees from all claims, damages, actions, suits or judgements that may result from any types of injury I may sustain while participating in these Events. I hereby indemnify and hold harmless the Channel Islands Surfing Federation (CISF), Sponsors and Organizers of the Event, City, County and Region, where applicable, the sponsors, and their respective agents, employees, successors and assigns from any injury or death so sustained.

I also assign to the promoters of said Event, Channel Islands Surfing Federation (CISF), Sponsors and Organisers of the Event, City, County and Region, where applicable, the exclusive

commercial use of all photographs and photographic reproductions, television broadcast and motion pictures taken of me during the surfing competition at Event, whether in or out of the water.

I also agree to conduct myself in a professional sportsmanlike manner prior to, during, and after the surfing competition and while I am in the vicinity of the Event. I will not engage in any surfing activity near the contest area unless authorised to do so during the competition. I have had an opportunity to be appraised of and reviewed all the rules and regulations applicable to the competition and understand that any violation of these rules, or any unsportsmanlike conduct, will be cause for penalties which may take the form of a warning, a fine or immediate disqualification from this Event in the sole discretion of the organisers

ASSUMPTION OF RISK

The undersigned further states that he/she merely assumes the risks for any injuries that he/she may sustain in connection with his/her participation in the Event and he/she hereby fully releases and forever discharges Channel Islands Surfing Federation (CISF), Sponsors and Organizers of the Event, City, County and Region, where applicable, the sponsors, and their respective directors, shareholders, agents, employees, successors, assigns, and affiliated organizations from any claims, damages, actions, suits, or judgments resulting from their negligence or other causes that may result from any injury or death that the undersigned may sustain while participating in the Event and thereby indemnifies and holds harmless Channel Islands Surfing Federation (CISF) , Sponsors and Organisers of the Event, City, County and Region, where applicable, the sponsors, and their respective directors, shareholders, agents, employees, successors, assigns, and affiliated organizations from any injury or death so sustained.

The undersigned verifies his/her agreement to accept any and all risk or injury or death arising out of or related to the Event by signing this release form.

KNOWING AND VOLUNTARY EXECUTION

I have carefully read this agreement and fully understand its contents I am aware that this is a release of liability and a contract between myself and Channel Islands Surfing Federation (CISF) Sponsors and Organizers of the Event, City, Province and Region, where applicable, their respective directors, shareholders, agents, employees, successors, assigns, and affiliated organizations and sign this agreement of my own free will. The undersigned represents that if he/she is under the age of eighteen (18) years that he/she has given the release to his/her parent or legally responsible guardian and that this document sets forth the signature of said parent or guardian.

PARTICIPANT'S NAME :

PARTICIPANT'S SIGNATURE :

LEGAL GUARDIAN'S NAME:

RELATIONSHIP TO PARTICIPANT:

LEGAL GUARDIAN'S SIGNATURE:

DATE: _____ / _____ / _____