



FULL NAME OF PARTICIPANT OR RESPONSIBLE OF THE WHOLE GROUP OR FAMILY:

TELEPHONE _____

E-MAIL _____

EMRGENCY CONTACT _____

MEDICAL CONDITIONS _____

(Please list any medical conditions that instructor should be aware of. If unsure, please ask the instructor)

ACTIVITY DESCRIPTION _____

DATES OF PARTECIPATION from ____/____/____ to ____/____/____

LEVEL OF PARTECIPANT: Beginner Intermediate Advanced

Basic swimming skills are required.

In consideration of the service of Kalufa Surf School and its agents, I hereby agree to release, indemnify and discharge Kalufa Surf School as follows:

- 1- I acknowledge that the activity I am about to participate in entails known and anticipated **risks** that could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I expressly agree and promise to accept and assume all of the risks in this activity.
- 2- I authorize Kalufa Surf School to **photograph or film** me and consent to the use of my likeness and image in any and all publications, educational materials, marketing, advertising and web materials.
- 3- I understand that if I take a **package of lessons**, I must schedule and pay each lesson with Kalufa Surf School staff no later than 18:00 of the day before. If I fail to attend the scheduled activity and fail to notify Kalufa Surf School about the cancellation before 18:00 of the day before, I will have no right to any claims or refund for the said activity.
- 4- **Kids** from 8 to 12 have to be supervised by parents or legal guardian during the group lesson (not needed if on a private lesson) and under their responsibility.
- 5- The staff of Kalufa Surf School may require any participant to leave the surf class without compensation if that person acts in such a way as to **endanger** himself or any other user, or the surf instructors themselves.

I have read and understood this document, and I agree to be bound by its terms.

SIGNATURE OF PARTICIPANT _____ DATE ____/____/____

FOR MINORS UNDER THE AGE OF 18: In consideration of (Minor's name) _____ being permitted by Kalufa Surf School to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless Kalufa Surf School from any and all claims which are brought by all on behalf of minor, and which are in anyway connected with such use or participation by minor.

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE ____/____/____

KALUFA SURF SCHOOL ACCEPTS THESE FORMS OF PAYMENT:

- Cash

- PayPal to: gualtiericorrado@gmail.com or +34 693819586

- Bizum (just in Spain, by this telephone number +34 693819586)

- Bank Transfer (to: Corrado Gualtieri, IBAN ES22 2100 6932 0802 0006 5859 CaixaBank)

20% AT THE MOMENT OF BOOKING AND THE REMAINING 80% THE DAY BEFORE THE FIRST LESSON