



Application For Surfing Instructor Safety Training

First Name: _____ Last Name: _____

Gender: M ___ F ___ Age: ___ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Cell: (____) _____ Date Attending: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone: (____) _____ Emergency Cell: (____) _____

Medical Problems:

Surfing History: _____

Company Instructing for: _____

PRINT THIS FORM, FILL IT OUT COMPLETELY, AND MAIL IT WITH YOUR \$200.00 PAYMENT TO:

Water Safety Specialists
P.O. BOX 99132
San Diego, CA 92169

Liability Release, Payment, Refund and Cancellation Policies

I, as a student of this training, understand that Water Safety Specialists takes reasonable precaution to ensure that Water Safety Specialists training programs are conducted by qualified lifeguards in a safe responsible manner. However, I further understand that these activities involve certain risks and may include, but are not limited to: injury, drowning and death. I recognize this risk and agree to assume this risk. I hereby release, indemnify and hold harmless Water Safety Specialists LLC, their owners and employees from all responsibilities for damage, injury death, or illness to any student or his/her property relating to or deriving from my participation in this training.

There are no refunds for cancellations within 7 days of the course start date except for medical reasons and only after receipt of written verification by a physician of significant injury or physical illness.

I have read and understand the contents of this application including the Liability Release, Payment Refund and Cancellation Policies.

Signature _____ Date _____