



## RELEASE & HOLD HARMLESS AUTHORIZATION FOR A MINOR PARTICIPANT

For and in consideration of the participation in all Kanoa Beach Camp, and with understanding that said participants will engage in various physical activities on the beach and waters of the Pacific Ocean, we (the undersigned parents or guardians) of the child participant, a minor do forever release, acquit, discharge, and hold harmless Kanoa Beach Camp, County of Los Angeles and its successors, offers, employees, volunteers, servants and agents from any and all actions, claims, damages, cost, loss of services, expenses, and compensation, on account of or in any way growing out of any and all known or unknown personal injuries and property damage which we may not or hereafter have as parents and/or guardians of said minor, and also all claims or rights of action for damages which the said minor has or may hereafter have either before or after he reached his majority, resulting or to result from in connection with participation in and/or arise out of travel to or returning from said program. We the undersigned hereby acknowledge to be lawful parents and/or guardians of the above mentioned minor and we therefore acknowledge our qualifications to sign the agreement on behalf of the said minor. Furthermore in accordance with chapter 1524, Section 25.8 of the Civil Code of California, I give authorization to any physician or surgeon, licensed under the provision of Medical Practice Act, for the said participant to receive medical care and/or emergency treatment when necessary. Any expenditure for care is my personal responsibility.

Name of participant (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent / Guardian \_\_\_\_\_

Name of Parent / Guardian (Print) \_\_\_\_\_ Date \_\_\_\_\_

Participant Age \_\_\_\_\_ Session Desired \_\_\_\_\_ Check preference: 1/2 Day \_\_\_\_\_ Full Day \_\_\_\_\_

Select Beach Location:     Huntington \_\_\_\_\_ Venice \_\_\_\_\_ Manhattan \_\_\_\_\_ Malibu \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

School \_\_\_\_\_ Address \_\_\_\_\_

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

### List Two Emergency Contacts:

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

### All campers will receive a commemorative Kanoa Surf Camp T-Shirt.

Please select the size (circle one): Adult sizes: S M L XL     Children sizes: S M L

\*Make Checks Payable to: **Kanoa Aquatics** • For more information call Kip @ **(310) 308-7264**

Send checks to: **Kanoa PO BOX 3582 Redondo Bch., CA 90277-1582**