

## Declaration of Understanding, Waiver of Liability & Informed Consent



The purpose of The Mango Tree Surf Academy is to help develop your child(s) surf skills in a happy, healthy environment. The group programs will be based upon your child(s) present level and the goals they wish to achieve. They may experience some feelings of exertion during these sessions and will fatigue.

Breathing and heart rate will increase as a result of these activities as would be expected from physical exercise of this type. As their fitness improves, they will participate in more vigorous levels of activity to help benefit their surf potential.

I, \_\_\_\_\_ (parent of  
\_\_\_\_\_) the undersigned,  
knowingly and without duress, do voluntarily allow my child (s) to  
participate in The Mango Tree Surf Academy / Jersey Surf School.

I understand and acknowledge that the activity involves physical activity and I therefore declare my child(s) is medically and physically sound to partake in the sessions.

I hereby assume all risk of physical and mental injuries, disabilities and losses which may result from or in connection with my child(s) participation in the The Mango Tree Surf Academy.

Acting for myself, heirs, personal officers, agents, representatives and assignees, I do hereby release The Mango Tree Surf Academy and all other related members from all claims, actions, suits, and demands of every kind in of or resulting from any accident, injury or damage (including but not limited to the participant's person, whether fatal or otherwise, property and personal belongings) that my child(s) may sustain while participating in the The Mango Tree Surf Academy @ The Jersey Surf School.

I agree to abide by and follow the rules and regulations established by The Mango Tree Surf Academy.

I agree that my child(s) performance, attendance, and participation at The Mango Tree Surf Academy may be photographed, filmed or otherwise recorded or released.

I have read and fully understand the declaration listed above.  Parental Signature: \_\_\_\_\_

Parental Signature: \_\_\_\_\_

(Parent/Legal Guardian to sign if under 18 yrs)

Dated \_\_\_\_\_

If your child(s) has any medical/ health conditions/allergies that we need to be aware of, please state below:

---

---

---