



Drop form off at Coastal Edge  
 316 21<sup>st</sup> St, Virginia Beach, VA 23451  
**Entry Deadline: Thursday, August 19<sup>th</sup>**  
 (10 and under; age as of 8/19/21)

**Sunday, August 22<sup>nd</sup> - FREE ENTRY**  
**Coastal Edge Super Grom Minor Release Form**

<b>Last Name</b>		<b>First Name</b>			<b>MI</b>
<b>Telephone</b>	<b>Street Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Emergency Contact/Chaperone</b>		<b>Emergency Telephone</b>	<b>Physician Name</b>		<b>Physician Telephone</b>
<input type="checkbox"/> <b>Boy</b>	<b>Birthdate</b>	<b>Age</b>	<b>Social Security Number</b>		<b>Medical Insurance Carrier</b>
<input type="checkbox"/> <b>Girl</b>					

<b>Father / Guardian Last Name</b>		<b>First Name</b>	<b>MI</b>	<b>Home Telephone</b>
<b>Business/Employer</b>		<b>Business Telephone</b>		<b>Other Telephone</b>

<b>Mother / Guardian Last Name</b>		<b>First Name</b>	<b>MI</b>	<b>Home Telephone</b>
<b>Business/Employer</b>		<b>Business Telephone</b>		<b>Other Telephone</b>

<b>Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition?</b>		
<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>If yes, please state problems here:</b>

**EMERGENCY AUTHORIZATION:** I, the undersigned parent or legal guardian of the above minor, hereby authorize Coastal Edge. and its affiliates (“Coastal Edge”) and/or the above-identified Emergency Contact/Chaperone to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and /or treatment.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I, the undersigned parent or legal guardian of the above minor, for myself and on behalf of the above minor, our heirs, assigns and next of kin (“I”), acknowledge that participation in the Coastal Edge Super Grom (“Camp”) (including photo-shoots, surf trips, surf instruction, and other surf events that Coastal Edge may sponsor or in which Coastal Edge athletes may compete) involves travel, participation in inherently dangerous activities (often in adverse conditions), physical contact and risk of severe, permanent physical injury including brain damage, nerve and spinal cord injury, paralysis and death. For myself, and on behalf of the above minor, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk.

In consideration of accepting and permitting the voluntary participation of the above-named participant in the Camp, I hereby release, discharge and agree to hold harmless Coastal Edge, its employees, volunteers, officials, sponsors and other representatives from any and all damages, claims, demands, costs, expenses and compensation arising out of or in any way related to any injury, physical or otherwise, or other damage that may result to said participant, or the property of said participant, in connection with the Camp.

**ACKNOWLEDGEMENT AND CONSENT:** I acknowledge that Coastal Edge may compile and use the name, likeness, recorded voice, addresses, photographs, biographical sketch, film and videos of the named individual in advertising, marketing, product, packaging or other use, without compensation and without restriction as to duration, geography, media or frequency. I consent to such uses and hereby waive all rights to compensation.

**I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT PROVISIONS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PARTICIPANT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE PARTICIPANT.**

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_