



## Registration and Indemnity Agreement

Student Name: \_\_\_\_\_  
Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Mailing Address: Street \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Age: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_  
Emergency Contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

All students, and guardians of participating students, prior to enrollment and participation in the SwitchSide Kiteboarding School, MUST first read, then complete the following Indemnity and Acknowledgement Agreement.

I, \_\_\_\_\_ agree to assume all risks incidental to participation in (Student Name) Kite Boarding, Skate Boarding, Surfing, Water Sports, and All related activities. I hereby grant permission for myself or my child to attend SwitchSide School. I hereby release SwitchSide School from any and all liabilities, claims, actions, damages, costs, and/or expenses, arising from or in any way connected with my participation in all Kite Board school related activities conducted by SwitchSide.

I hereby agree that SwitchSide, employees, and affiliates, are not responsible or liable for any injuries or damage resulting from my participation in any SwitchSide activities. I understand and acknowledge that Kite Boarding, Skate Boarding and other Water Sports and related activities are inherently dangerous activities. I acknowledge and assume any and all risk associated with the presence of any and all sea life that may be in the water or on the beach.

I assume the entire responsibility of the performance of the activities associated with this agreement. I further expressly agree to indemnify and hold harmless SwitchSide, Cape Canaveral Kite Boarding School, their directors, officers, employees, and affiliate companies for any and all claims for injury to persons or damage to property or any other damages or losses by anyone, all of the foregoing to include all expenses and charges including attorney's fees, which may arise out of, or in connection with, the activities associated with this agreement, or which are alleged to have arisen out of activity associated with this agreement.

I hereby authorize any SwitchSide personnel to conduct any minor Medical First Aid that may be required for my child or myself.

Yes \_\_\_\_\_ No \_\_\_\_\_ (Please Check One)

I verify that I am in good health and am fully capable of participating in any and all strenuous activities associated with any SwitchSide activities. I fully understand that each participant must be a competent swimmer and acknowledge that I am a competent swimmer.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ as the parent or legal guardian of

\_\_\_\_\_  
(Students name)

give my permission for my child or Ward to participate in SwitchSide activities. I do understand and acknowledge the above stated risks associated with my child or Ward's participation in all related activities.

Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_