



Drop form off at Coastal Edge
 316 21st St, Virginia Beach, VA 23451
 Entry Deadline: Friday, August 17th

Sunday, August 19th - FREE ENTRY
Quiksilver Roxy Super Grom Minor Release Form

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

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

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

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

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above minor, hereby authorize Quiksilver, Inc. and its affiliates (“Quiksilver”) 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 Quiksilver Roxy Super Grom (“Camp”) (including photo-shoots, surf trips, surf instruction, and other surf events that Quiksilver may sponsor or in which Quiksilver 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 Quiksilver, 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 Quiksilver 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: _____