

AUSTIN SURF CAMP

Minor Participant Medical Authorization and Guardian Consent

This form must be completed by a parent or legal guardian for each participant under 18 years old.

Minor Participant Information

Minor Participant Name: _____

Date of Birth: _____

Age: _____

Parent / Legal Guardian Name: _____

Parent / Legal Guardian Phone: _____

Parent / Legal Guardian Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Swimming and Safety Information

Can the minor swim?

- Yes
- No
- With assistance / limited ability

Has the minor previously wakesurfed, wakeboarded, tubed, or participated in boating activities?

- Yes
- No

Please describe experience level:

Medical Information

Please disclose any medical, physical, psychological, developmental, sensory, mobility, medication-related, allergy-related, seizure-related, cardiac, respiratory, or other condition that may affect participation or emergency response:

Does the minor use any medication that may affect physical activity, alertness, heat tolerance, water safety, or emergency treatment?

- No
 Yes — explain:
-

Does the minor have allergies?

- No
 Yes — explain:
-

Does the minor carry an EpiPen, inhaler, medication, brace, mobility aid, or other medical/safety item?

- No
 Yes — explain:
-

Emergency Medical Authorization

I authorize Austin Surf Camp, its captains, instructors, employees, contractors, and agents to contact emergency services and seek or arrange emergency medical assistance for the minor participant if Austin Surf Camp determines that medical care may be needed.

I understand that Austin Surf Camp does not provide medical care and does not guarantee the availability, quality, or outcome of emergency services.

I accept financial responsibility for all medical, ambulance, hospital, emergency, rescue, or related costs incurred for the minor participant.

Consent to Participate

I confirm that I am the minor participant's parent or legal guardian and have authority to consent to the minor's participation in Austin Surf Camp activities.

I have reviewed and accepted the Austin Surf Camp Participant Agreement, Booking Terms and Charter Rules, and Safety Rules Acknowledgment.

I understand that boating and watersports involve inherent risks, including serious injury, permanent disability, and death.

I consent to the minor's participation subject to Austin Surf Camp's safety rules, captain authority, and instructor discretion.

Media Consent

I consent to Austin Surf Camp using photos/videos of the minor for promotional, educational, social media, website, advertising, and business purposes.

I do not consent to media use of the minor.

Parent / Guardian Signature

Parent / Legal Guardian Name: _____

Signature / Electronic Signature: _____

Date: _____