



WAKEBOARD CLINIC PARTICIPANT REGISTRATION FORM

(October 24 & 25 2009 8am-12pm; \$20.00 per participant per day; Limited spots available)

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Mobile _____

Birth date _____ Age _____

Email _____

INSURANCE INFORMATION

Carrier _____ Policy# _____

Medical conditions:

(Asthma, hemophilia, etc.)

EMERGENCY CONTACT INFORMATION

Name	Phone #	Relationship
_____	_____	_____

In consideration of being allowed to participate in the 2009 wakeJam clinics, I agree as follows:

(Initial _____) I understand and am aware that wakeboarding can be a HAZARDOUS activity. I understand that the sport of wakeboarding and the use of wakeboard equipment involves the risk of serious injury or death. I hereby agree and expressly assume and accept any and all risk of injury to me while participating, performing, or competing in these events.

(Initial _____) I hereby release the Xtreme Events & Charities Inc, the World Wakeboard Association, Cypress Water Sports LLC, The City of Winter Haven, and the owners and operators of any craft used for towing or used for pick up, for any and all responsibility for injuries or damages to me as a participant or spectator during this event . I agree NOT to make any claim against or sue the Xtreme Events & Charities Inc, the World Wakeboard Association, Cypress Water Sports LLC, the City of Winter Haven, their agents, the owners and operators of any craft used at the events for injuries or damages relate to participating, performing, or competing in these events.

(Initial _____) I understand and am aware that to participate I must have a valid WWA membership and sign and return the WWA RELEASE OF LIABILITY FORM.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____

Checks payable to Xtreme Events & Charities Inc.
10 Lake Link Dr Winter Haven, FL 33884