



**East Coast  
Surf School**

# EASTCOAST SURF SCHOOL

ABN 28 569 784 850

**PRUE LATCHFORD (Proprietor)**  
**Mobile: 0417 526 465**

PO Box 380, Red Hill South 3937  
Email: eastcoastsurfschool@gmail.com  
www.eastcoastsurfschool.net.au

## MEDICAL SCREENING & INDEMNITY FORM

Surname .....  
First Name .....  
Date of Birth .....  
Address .....  
Telephone Contact .....  
Email .....  
Medicare Number .....

### Emergency Contact

Name .....  
Telephone .....

### MEDICAL INFORMATION

Do you suffer from any of the following? (Yes) or (No)

Asthma [ ]  
Epilepsy [ ]  
Diabetes [ ]

Do you have any other - medical condition, illness, injury or transmissible disease which may affect your safety in the surf? (Please indicate)

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## INDEMNITY & LIABILITY WAIVER FORM

(In cases where the participants are under the age of 18, this form requires the signature of a consenting parent or guardian)

I, ..... (name of parent or guardian where applicable) accept that the Eastcoast Surf School and staff will take all possible care, but will not be held liable for any injury or damage which *I/my child* may sustain to property or person, **during this and further surfing lessons which I/my child may undertake with the School.**

I understand that I must be able to swim to participate in surfing lessons and to be able to demonstrate life saving skills such as treading water & floating.

I understand there are risks involved in surfing, such as collision with other surfers or own surfboard, collision with rocks or ocean floor, contact with marine creatures (jellyfish, etc), and I understand that *I/my child surf/s at my/her/his own risk/ with my consent.*

Signed: .....

Date: .....