

San Clemente Seafest

SURF CLASSIC COMPETITION



Sunday, October 6, 2019

San Clemente Pier @ 8:00 am

REGISTRATION \$30

EXTRA DIVISION \$30

Sign up early to secure spot. Limited entries per division. (ONE APPLICATION PER PERSON)

San Clemente Chamber of Commerce, 1231 Puerta Del Sol, Unit 200, San Clemente, CA 92673 or website at www.scchamber.com

Name of Competitor _____ School _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____ Cell Phone _____

Age on 10/6/2019 _____ Birth date _____ Parent E-mail _____

Check Division (s)

This competition is strictly for the youth under 18 years of age.

Boys and Girls U8

Boys and Girls U10

Boys U12

Boys U15

OPEN Boys

OPEN Girls

Family

SIGN WAIVER

Paying Method:

Total Amount: \$ _____

Check (payable to: San Clemente Chamber of Commerce) Credit Card Cash

CC# _____ Exp. DATE _____ CID Code: _____

WAIVER/HOLD HARMLESS RELEASE PLEASE READ AND SIGN

THIS RELEASE LIMITS YOUR RIGHTS TO RECOVER ANY DAMAGES IN CASE OF ACCIDENT

THIS MUST BE SIGNED

In applying to enter the San Clemente Chamber of Commerce SEAFEST surfing competition, I promise to inspect the contest site, and assure myself that the area is safe for surfing. I will further read and comply with all the San Clemente Chamber of Commerce SEAFEST rules and regulations, note existing weather and surf conditions, and agree that I voluntarily assume all risks arising from condition relating to the use of the contest site by myself and others. In consideration, of your acceptance of my entry, I intending to be legally bound hereby, for myself, my heirs, executors, and administrators, hold harmless and forever discharge the San Clemente Chamber of Commerce, City of San Clemente, San Clemente SEAFEST Committee and all Sponsors, together with their agents, members and officials connected with the competition from liability for injuries and or damages whatsoever, arising from my presence or participation in this event. I attest that I am physically fit and have subsequently trained for this event and do hereby grant the Sponsors such release as described herein. By my signature, I acknowledge that I have read and understand the above. I give the San Clemente Chamber of Commerce permission to arrange to telecast, or print and publish any/or all pictures taken of me, movie, video and/ or still in conjunction with said events.

Print Contestant's Name _____

Print Parent or legal guardian Name _____ Date _____

Parent/legal guardian Signature _____ Date _____

For More Information Contact: San Clemente Chamber of Commerce

1231 Puerta Del Sol • Unit 200 San Clemente • CA • 92673

Phone: (949) 492-1131 • Fax: (949) 492-3764