

Mimi Munro Surf Camps LLC

Registration

Surfer's name _____

Address _____

Phone: _____ Emergency Phone: _____

Age _____ Surfing Experience _____

Date of camp _____

Parents Name _____

Pre-existing health condition of concern? _____

Allergic reaction to jellyfish or insect sting? _____

Email _____

Checks Payable To:
Mimi Munro Surf Camps LLC
3386 Relay Road
Ormond Beach FL 32174
(386) 672 – 5600

Photo Release

Mimi Munro Surf Camps strives to present children and adults in a complimentary and appropriate manner.

Photographs and videos may be used in advertising, printed material, such as informational and promotional brochures, and on our web site. Photographs may also be distributed to the news media for publication.

By signing this form, I give Mimi Munro Surf Camps LLC, permission to publish or use photographs and/or videos of me, along with my name, for art, advertising, trade, or public information.

I waive inspecting and/or approving the finished product, or the copy that is used in connection with the publication.

Date: _____

Name of surfer: _____

Address: _____

City/State/Zip: _____

NOTE: For minors, a signature is required by BOTH the minor and parent, or legal guardian.

Signature of surfer: _____

Signature of parent or legal guardian: _____

___ I do not want my child photographed

___ I do not want to be photographed