

Great Atlantic Surf Festival

March 24 – 25, 2012

Jacksonville Beach Pier

PLEASE SELECT ALL DIVISIONS ON BACK OF ENTRY FORM THAT YOU WILL SURF

Name: _____ Age: _____ DOB: _____

Street: _____ City: _____

State: _____ Zip: _____ Phone #: _____ E-Mail: _____

*In consideration of acceptance of my application to the **Florida Surfing Association**, I hereby release the City of Jacksonville Beach, the City of Jacksonville, the State of Florida, the Florida Surfing Association, their members, all sponsors, agents, successors, and assigns any other person or organizations officially connected with their competition from liability for and all injuries or damages whatsoever arising from my participation or presence at their event. I also give my release for the use of photos, film or video taken of me at the event. I fully understand that I will be disqualified from the competition if I am found guilty of any rules violation, with no refund of entry fees. In addition, I am responsible for keeping posted of any changes in the scheduled times.

Contestant Signature Date

Parent/Guardian Signature (if under age 18) Date

