**Amelia Island Surf Fishing Charter**

**Parental Waiver and Release of Liability**

Dates: 04/16/25, 04/23/25, 4/30/25, 05/07/25 Location: Fernandina Beach

I, the undersigned parent or legal guardian of: Child’s Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Child’s Age: *\_\_\_\_\_\_\_\_*

Emergency Contact Name: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Emergency Contact Phone Number: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Acknowledgment and Assumption of Risk**

 I understand that my child will be participating in outdoor activities, including but not limited to fishing, beach games, and other class-related activities at Amelia Island Surf Fishing Charter Summer Camp.

 I acknowledge that these activities involve inherent risks, including but not limited to:

• Exposure to natural elements (sun, sand, water, weather conditions)

 • Interaction with wildlife (fish, crabs, insects, etc.)

• Minor cuts, scrapes, or injuries

• Risks associated with physical activity

I voluntarily allow my child to participate in this camp and assume all risks associated with their participation. Release of Liability I, on behalf of myself, my child, and our representatives, hereby release, waive, and discharge Amelia Island Surf Fishing Charter, its owners, staff, volunteers, and affiliates from any and all liability, claims, demands, or causes of action that may arise from my child’s participation in the summer camp, including injuries, accidents, or property damage, whether caused by negligence or otherwise.

**Medical Authorization:** In the event of an emergency, I authorize Amelia Island Surf Fishing Charter staff to seek emergency medical care for my child and agree to be financially responsible for any resulting medical expenses.

**Code of Conduct Agreement:** I understand that my child is expected to follow all camp rules and instructions provided by staff. If my child behaves in a disruptive or unsafe manner, I acknowledge that I may be contacted for early pick-up.

**Photo/Video Release (Optional):** I grant permission for Amelia Island Surf Fishing Charter to take photos and/or videos of my child during camp activities for promotional purposes.

 ☐ Yes, I allow photos/videos of my child to be used.

 ☐ No, I do not allow photos/videos of my child to be used.

**Parent/Guardian Consent:** I certify that I am the parent/legal guardian of the above-named child, and I have read and understood this waiver. I voluntarily agree to its terms.

**Parent/Guardian Name:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Signature:** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date: \_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Amelia Island Surf Fishing Charter**

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