



# California Surf Lifesaving Association

Southwest Region - United States Lifesaving Association

PO Box 366 - Huntington Beach, California 92648

www.cslsa.org

## California Surf Lifesaving Championships

### RELEASE OF LIABILITY

**RELEASE AND HOLD HARMLESS:**

For and in consideration of accepting this application to enter the 2024 CSLSA California Surf Lifesaving Championships held July 26 & 27, 2024 at Dockweiler Beach, and with the complete understanding that said participant has qualified that he or she has sufficient swimming skills and also engages in various physical activities on the beaches and in the waters of the Pacific Ocean, I/We, the undersigned participant and/or legal guardian of the participant, do forever release, acquit, discharge and hold harmless the United States Lifesaving Association (USLA), the California Surf Lifesaving Association (CSLSA), the City of Los Angeles, the County of Los Angeles, the LA County Fire Dept., the LA County Dept of Beach and Harbors, the Los Angeles County Surf Lifesaving Association (LACoSLSA), and any additional event sponsors, as well as the respective officers, employees, volunteers, servants and agents of the above entities from any and all action, claims, demands, costs, loss of services, expense and compensation on account of, or in any growing out of, and any and all known personal injuries and property damages which said event participant has, or may hereafter have, either before or after he or she has reached his majority, resulting or to result from or in connection with participation in and/or arising out of travel to and from said activities.

I, \_\_\_\_\_ (PRINT **Participant** name) have read and acknowledge that participation involves strenuous physical activity and I warrant that I am/my child is in good health and have no physical condition that would prevent me/my child from participating in this event or its activities. The undersigned is hereby advised to consult with his or her physician prior to participation. I/We assume any and all risks of personal injuries to myself/my child, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from my participation in this event or activity.

\_\_\_\_\_  
Participant/Parent Signature\*\*\*

\_\_\_\_\_  
Date:

\*\*\*PARENT/GUARDIAN: if participant is under 18, PLEASE PRINT and sign your name

\_\_\_\_\_  
Male / Female

\_\_\_\_\_  
Chapter (or JG Program):

\_\_\_\_\_  
Date of Birth:

\_\_\_\_\_  
Age on July 26, 2024

**For Officials Use:**

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**PAID:** Cash / Check / CC online      **Amount:** \$ \_\_\_\_\_      **Competitor #:** \_\_\_\_\_