

GYRO BEACH BOARD SHOP

INDEMNIFICATION

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 19 AT TIME OF REGISTRATION)

INDEMNIFICATION OF INFANT'S CLAIM

This is to certify that I, (guardian name printed) _____ as parent/guardian

with legal responsibility for "Infant(s)" [Please print names(s) of participant/participants]

understand that an infant cannot sign a legally binding waiver nor can I sign a legally binding waiver on an infant's behalf. Therefore, I do consent and agree to indemnify "Gyro Beach Board Shop"[including S.E.(Sam) Goski, all heirs, executors, administrators, legal representatives and assigns] from all claims or liabilities of any kind, including legal fees and any damages awarded against the foregoing, arising out of the above named Infant's involvement in paddle boarding, skim boarding or other activities facilitated by Gyro Beach Board Shop, even though that liability may arise out of negligence or carelessness on the part of the persons named in this document.

-I hereby acknowledge and agree that I have carefully read and fully understand this agreement and by signing will be forever prevented from suing or otherwise claiming against Gyro Beach board Shop for any property loss or injury that the Infant may sustain while participating in or preparing for the above noted activities.

-I have been given the opportunity and have been encouraged to seek independent legal advice prior to signing this agreement. -I acknowledge the risks involved with water sports, including unpredictable weather and water condition and understand that the Infant(s) will be provided with personal floatation device as deemed mandatory Department of Transportation. -I

understand I am responsible for returning the rental equipment within the agree rental period and am obliged to cover the costs of any damage.

-I understand that the above named Infant(s) would not be permitted to participate in the above noted activity unless a parent/guardian has signed this agreement.

-I understand that this agreement is binding on me, my spouse, my heirs, my executors, administrators, personal representatives and assigns.

-I acknowledge that the above named Infant does not have any physical limitations, medical ailments, physical or mental disabilities that would limit or prevent them from participating in the above mentioned activity, and, if required, will obtain a medical examination and clearance.

Signed this _____ th day of _____ 20 _____

SIGNATURE of Guardian _____

WITNESS _____