#### **Surf/Art Camp Waiver**

Must be signed by all participants.

All students, and guardians of participating students, prior to enrollment and participation in the Surf Art Camp, (referred to herein and after in this document as S.A.C.). **MUST** first read, then complete the following Waiver Liability and Acknowledgement Form.

I,\_\_\_\_\_ agree to assume all risks incidental to participation in surfing and all related activities associated with the S.A.C. I hereby release S.A.C. from any and all liabilities, claims, actions, damages, costs, and/or expenses, arising from or in anyway connected with my participation in all activities conducted by S.A.C.

I hereby agree that S.A.C., its owners, officers, and instructors, are not in any capacity personally responsible or liable for any injuries or damage resulting from my participation in any S.A.C. programs. I fully understand and acknowledge that Surfing is an inherently dangerous activity. I acknowledge and assume any and all risk associated with the presence of any and all Sea Life that may be in the ocean or on the beach.

I hereby authorize any Physician or Nurses selected by S.A.C. personnel to order and conduct medical or surgical procedures deemed necessary for myself or my child in an emergency situation. I understand that i will be responsible for all Transportation, Hospital, Laboratory, Doctor Fees, and other associated fees.

☐ Yes ☐ No (please check one)

or website, marymoonarts.com.

I verify that I am in good health and am fully capable of participating in any and all strenuous activities associated with any S.A.C. activities. I fully understand that each participant must be a competent swimmer and acknowledge that I am a competent swimmer.

Participant's	
signature	date
I,	give my permission for e in S.A.C. activities. I do under bove stated risks associated pation in surfing related activi-
Tyes □ No (please check one	م)

Permission to use photos of my child in future brochures and/



## WEATHER AND SURF CONDITIONS

Surfing and weather conditions can not be guaranteed to be good. Other activities will be planned for days of poor weather and surf.



Contact Mary Moon 321-799-3432

marymoon@marymoonarts.com

347 Carmine Drive • Cocoa Beach, FL 32931

www.marymoonarts.com





# Surf Art Camp

is a unique experience; an environmentally, physically, and artistically stimulating adventure. Camp runs from 9am until 3pm daily, Monday through Friday. Campers will enjoy art projects with Miss Mary while the other group hits the waves with the surf instructor. After 2 hours the two groups will combine for lunch and other fun activities. Then each group will switch counselors and enjoy the opposite activity for the remaining 2 hours.

## SUPER PROJECTS

Batik tapestry, mixed media, mosaic, sculpture, watercolor, environmental art, and more.

## EXTRAS

Paddle Board Instruction, Beach Seining, Beach Games, Pizza Beach Party w/ Family & Friends on Friday

## WHAT TO BRING

Board shorts and/or bathing suit, towel, flip-flops, dry clothes, sunscreen, hat, rash guard, lunch, and other beach items.



## 2020 WEEKLY CAMP SESSIONS

Session 1	June	1	-	June	5
Session 2	June	8	-	June	12
Session 3	June	15	-	June	19
Session 4	June	22	-	June	26
Session 5	July	6	-	July	10
Session 6	July	13	-	July	17
Session 7	July	20	-	July	24
Session 8	July	27	-	July	31
Session 9	Aug	3	-	Aug	7

5 days — 9:00 am - 3:00 pm

COST — \$295 Board Rental — \$25

Inexperienced surfers must use foam board.
All surfers MUST use a leash.

## WHERE

Camp is located



## DIRECTLY ON THE BEACH

3501 S. Atlantic Ave. Cocoa Beach, FL 32931 (in the old Neilson Surf Shop building, just south of Authony's on the Beach Motel)

#### THE STAFF

Mary Moon is a local artist and has been an art instructor for the past 35 years inspiring students to their most creative potential.

Instructors are motivated, enthusiastic professionals as well as experienced water persons.
Staff is First Aid/ CPR certified.
Staff ratio is 2 to 6.

## Surf Art Camp 2020

Name						
Age Sex		ate of	Birth			
PhoneN	lobile_					
Street Address						
City	State_		Zip_			
Email Address						
School						
Session number (circle one)	1 2	3 4	5 6	7	8	
Session Dates						
How did you hear about this	s camp	?				
IN CASE OF EMERGENCY						
Contact						
Relation Primary nu	ımber_					
Secondary number						
Physician's name						
Physician's phone						
Parent/Guardian (print)						
Signature			Date			

#### **PAYMENT**

☐ check (make payment to Mary Moon)

□ cash



Wavier on back must be signed.