 <p>Cape Fear Chapter Wilmington, North Carolina www.surfrider.org/capefear</p>	<p>Cape Fear Clean Water Classic Wrightsville Beach, NC October 4 – 5, 2008 www.wbcleanwaterclassic.com</p>
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Medical Information - *Every participant must complete this form!*

I. General Information

Name: _____ Today's Date: _____, 2008
month day

Address _____

Phone Number (where you can be reached) (_____) _____ - _____

Male() Female() Height _____ Weight _____ lbs Date of Birth: _____

Person to notify in case of emergency, injury, or illness:

Name: _____ Phone Number: (_____) _____

II. Medical Information

Date of last Tetanus Booster: _____
month year

List any and all medication allergies:

List any other allergies (food, plants, bee stings) _____

Do you have any **current and/or ongoing illnesses or conditions** such as diabetes or high blood pressure?

(Circle One) YES NO

If yes, please list here:

Do you require and/or carry **medication on a daily basis?**

(circle one) YES NO

If yes, please explain here: _____

Please list any **joint or orthopedic problems**: _____

Please indicate any **history of heart problems** including hospitalization and treatment dates:

III. Insurance

Are you covered by any Hospitalization or Medical Care Policy? (circle one) YES NO

If yes, indicate **name of insurance company** issuing your policy: _____

Indicate here **Policy or certification number**: _____

IV. Signature

(If participant is under 18 years of age, parent or guardian must sign)

I fully understand the rigorous nature of the contest I am participating in. In the event of an accident or emergency that renders me unable to communicate, I grant permission for any medical care, operations, and/or anesthesia, which might become necessary.

Printed Name of Participant: _____

Signature of Participant: _____

Date of Participant Signature: _____

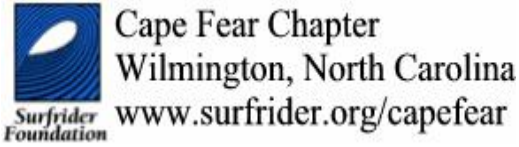
Printed Name of Parent or Guardian: _____
(if participant under 18 years of age)

Signature of Parent or Guardian: _____
(if participant under 18 years of age)

Date of Parent or Guardian Signature: _____

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continued on next page



Cape Fear Clean Water Classic
Wrightsville Beach, NC
October 4 – 5, 2008
www.wbcleanwaterclassic.com

Participatory Waiver Form - *every participant must complete this form!*

I understand and accept that surfing exposes me to numerous known and unanticipated risks which could result in personal injury, illness, death or damage to myself and my property. Some of the risks or factors creating risks include but are not limited to the following:

- Swimming/surfing in unfamiliar and sometimes turbulent water
- The forces of nature including lightning, weather changes, ocean changes, and others not named
- My physical condition, the physical exertion associated with paddling in the ocean

I hereby acknowledge that I have read the Acknowledgment of Risk and have agreed to its terms. I fully understand and agree that there are certain elements of danger inherent in recreational activities and that participating in a recreational activity could entail loss of life, personal injury and loss of or damage to property.

I understand and agree that the terms "recreational activity" and "activity" as used herein encompass all aspects of the activity, including preliminary and subsequent matters such as, but not limited to maintaining, repairing, loading and unloading surfboards, as well as travel to and from the place of the activity.

I further agree, promise and covenant not to sue, assert or otherwise maintain any claim against the University of North Carolina at Wilmington (UNCW), The Cape Fear Chapter of the Surfrider Foundation, UNCW Surfrider, its officers, agents, volunteers, or employees for any injury, illness, death or damage to myself or my property arising from or in any way connected with my participation in this activity.

In consideration of the undersigned's participation in the aforementioned event and intending to be legally bound, the undersigned hereby waives, releases and forever discharges any and all rights, actions, and claims which he/she may have against the Surfrider Foundation, UNCW, their representatives, and affiliates for death, injury, loss, and any and all damages which may be sustained and/or suffered in connection with Surfrider Foundation's connection with my participation in the aforementioned event. The undersigned assumes full responsibility, and risk of, bodily injury, death or property loss that can occur due to participation in the aforementioned event. For good consideration, the undersigned hereby releases, discharges, and acquits the Surfrider Foundation, UNCW and their representatives from any claim or liability arising from the undersigned's participation in the aforementioned event.

By submitting this entry form I acknowledge that everyone on my team has read the above waiver and agrees to abide by its terms. If the contestant is under 18, the parent or guardian assumes the responsibility for submitting this form. I am aware that this is a release of liability and I submit it of my own free will.

Signature: _____

Date: _____

Signature of Parent or Guardian: _____
(if participant is under 18 years of age)

Date: _____