

Entry Form

MBMS Wave Fest

Saturday, May 17th Marine Avenue
 Proceeds go to MBMS After School Activities Program

Schedule	
6:30 am Check-in	Surf Competitions (7:00 am Start)
8:00 am Check-in	Volleyball Tournament (8:30 am Start)
8:30 am Check-in (Open to All)	Miracle Mile Run (9:00 am Start)
9:30 – 10:30 am	Beach Flags and Nation Ball Games Open to all – No need to sign up
10:30 – 11:30 am	Surf and Beach Volleyball Finals

Complete Front & Back of Form. Staple check to form.
 Parent must complete release on back of entry.
 Return with payment to School Office by Friday 5/2/08
\$20 Entry Fee. Checks Payable to: MBMS ASAP
 (Late registration fee \$25 – no guarantee of T-shirt.)

Entry Fee Includes:
 Awards
 Raffle
 T-Shirt
 Pizza
 Refreshments

_____ **Boy Girl**
 Name _____ (circle one)
 _____ Cash \$ _____ Check # _____

Grade _____ Phone _____
 Select T-shirt Size (circle one) **S M L XL**

Select EITHER surfing or volleyball, not both! Run is open to all entrants.
 Club Volleyball event is for **2-person or 4-person** teams.
 Club team members must all be same gender (all boys or all girls).
 Non-Club is Coed.
 It's OK to enter Volleyball without a team. We'll form teams from single entries.
 Costumes optional for all Volleyball teams. Prize given for best team costume!

PLEASE SELECT EVENTS YOU ARE ENTERING

Miracle Mile Run _____ (8:30 am check in)

Surfing: (6:30 am check in) (Can enter both short and long board)
 Short Board _____ Long Board _____

Volleyball: (8:00 am check in) (Select ONE skill level, Club or Non-Club)
 Club _____ Partners Names _____
 Non-Club _____
 (Club teams must be same gender) _____

All players must complete a separate entry form and each include \$20 fee.

**Surfing
 OR
 Volleyball,
 Not Both!**

OVER (Release on Back)

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT

WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN
MBMS WAVE FEST (May 17, 2008)

Participant: _____ Date(s) of Activity: May 17, 2008

Activity Coordinator/Instructor: Cory Dean, Kathy Palombo, Vesna Bain

Location of Activity: Beach at Marine Street in Manhattan Beach

Transportation: **Transportation arrangements are completely the sole responsibility of the parent/guardian.**

Supervision: **The MBMS Wave Fest is a voluntary activity for MBMS students and their families to enjoy. There will be no District supervision whatsoever, although MBMS staff and parent volunteers will be officiating and running the activities. Children under the age of 13 must be accompanied by an adult.**

By my signature below, I hereby give permission for my son/daughter to participate in the Manhattan Beach Unified School District’s MBMS Wave Fest as outlined above. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent has complete and sole responsibility for all transportation arrangements. I am aware that the District does not provide coverage for medical treatment or liability in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the Manhattan Beach Unified School District (District) or any of their agents, servants, employees, or volunteers for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

I fully understand that participants are to abide by all rules and regulations governing conduct during this activity. Any violation of these rules and regulations may result in that individual not being allowed to participate in the activity.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as stated, and expressly acknowledges his/her intention, by executing this instrument, to exempt and relieve the District, their agents, employees, and volunteers, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide liability insurance for this program, nor does the District provide medical coverage for participants in this activity.

Printed Name of Parents or Guardians

Printed Name of Student

DATE:

Signature of Parents or Guardians

Signature of Student

Address _____ City _____

Home Phone ____ / ____ / ____ Work Phone ____ / ____ / ____ Cell Phone ____ / ____

AGE: ____ D.O.B. ____ / ____ / ____ Grade: ____

My child has the following physical disabilities, medical conditions or allergies: (If none, please write “NONE”) _____

I give permission for any necessary EMERGENCY medical treatment. Parent/Guardian INITIALS _____

Insurance Carrier _____ Group Number _____

Medical Doctor: _____ Phone Number _____

*All info requested above must be filled out completely in order to participate.

T-Shirt Logo Contest Entry Form

MBMS Wave Fest

Winning Designer gets Sweatshirt with Winning Logo!!!

Name: _____ Home Room Teacher: _____

Use Black Ink Only. Entries due in office Friday, April 25, 2008.

Wave Fest Event: Saturday, May 17, 2008

Featuring: Surfing, Miracle Mile Run, Beach Volleyball, Beach Flags and Nation Ball!!
Design contest and Wavefest Event for MBMS students only.

