

General Liability Release Form



Date: \_\_\_\_\_ dd/mm/yy

Organization: David Farina and or Farina Handcrafted LLC 116 C Street St. Augustine FL 32080/# Willard Drive St. Augustine FL 32086

Activity: Hand shaping instruction

Participant: \_\_\_\_\_ (please print)

I completely understand and realize that participation in the above mentioned activity could include actions or tasks which might be dangerous or hazardous to me. Shaping surfboards comes with inherent risks but not limited to exposure to dust particulates which could cause irritation of the skin, eyes or respiratory system. Blindness, illnesses or death from exposure have not been documented by industry standards but I understand these risks however unlikely may occur. The use of power tools may cause injury or death and I understand the risks associated. Excessive noise from the use of power tools can be damaging to my hearing and I have been instructed to bring my own ear protection, however should injury to my hearing or my person occur David Farina and or Farina Handcrafted LLC is not financially liable for immediate or future medical treatment, this also includes financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence .

I also acknowledge that the board I am making can cause injury or death while in use. Surfing, wake surfing, paddle boarding are extreme sports and come with inherent risks. Farina Handcrafted LLC, David Farina or related parties are not responsible for injuries or death, from the board, accessories or environment, that may occur while participating in these activities.

By signing below, I agree to the fact that participation can cause harm or injury to me. I release the individual and or business named above from all liability, costs and damages which could arise from participation in the above named activity. I agree to accept financial responsibility for the costs related to emergency or long term treatment due to any injury sustained. Should an emergency arise, David Farina and or Farina Handcrafted LLC has the authority to administer first aid and call necessary emergency responders. I give my confirmation by signing this document.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_