



First Name _____ Last Name: _____
 Address: _____ Postcode: Country: _____
 Phone _____ Email: _____
 Date of Birth: _____ T-Shirt Size: _____
 Professional Entry M F Amateur M F NATIONAL MEMBER
 Check event Pa'ai Bay Makapuu Dead Trees Shipwrecks
 Friend/ Guardian's Name: Relationship to competitor: _____
 Address: _____
 Phone: _____ Email: _____
 Doctor Name: _____ Doctor Phone: _____

	ENTRY COST:
Membership Yearly	\$20
DROP KNEE Open-	\$20
OPEN WOMEN'S AMATUER	Free First entry (after \$20)
OPEN AMATUER (All Ages)	\$30
13-18 AMATUER "EXPLORER DIVISION)	\$20
12 & UNDER (JUNIOR DIVISION)	\$20
STAND UP-	\$20

LIABILITY RELEASE

PLEASE CAREFULLY READ BEFORE SIGNING (Continued on back)

I acknowledge that am participating in "SCIENCE/United States Bodyboarding Association" Event and related activities (the "Event") at my own risk. I understand that in the course of my participation in the Event I may have the opportunity to engage in various activities, which may be considered to be dangerous, embarrassing and/or humiliating. I knowingly consent to participate in any or all such activities under my own free will and without duress or under the influence of any third party, and acknowledge the inherent and unexpected dangerous, embarrassing and/or humiliating conditions involved with such participation.

For good and valuable consideration, the receipt, adequacy and legal sufficiency of which is hereby acknowledged, I further acknowledge and agree that SCIENCE. or its designee ("Producer") USBA may film or photograph me, in any manner it desires, and record my voice, conversation, and sounds made by me in connection with all such activities undertaken in connection with the Event. I agree that Producer is the sole owner of all the results and proceeds of such photography and recording, with the right to use, or license others the right to use, the foregoing material and my name, voice, likeness, and biographical material and editorial comments in all media now known or hereinafter devised throughout the universe in perpetuity in and in connection with the Event or for any other purpose. The rights granted herein shall include and not be limited to the right to alter, edit and combine material involving me and others, and to include the material involving me in programs relating to the Event and/or other programs.

ENTRY FORM MAY BE MAILED TO USBA TOUR
 14 AULIKE ST APT 309 KAILUA, HI 96734 OR PAYED VIA
 PAYPAL.COM SENDING FUNDS TO USBATOUR@GMAIL.COM

I hereby agree to comply with the United States Bodyboarding Association/International Bodyboarding Association (“USBA/IBA”) Rules and any rules announced at the Event. I agree to compete solely in events sanctioned by the USBA/IBA and acknowledge that USBA points will not count towards the national title if I choose to compete in a non-sanctioned event or tour.

On behalf of myself and my heirs, I hereby release Scion, Bodyglove and the USBA/IBA and their respective parent, subsidiary and affiliated companies, and each of their respective officers, directors and employees, from any and all costs, injuries, losses or damages of any kind, including, without limitation, claims for any and all physical and/or mental injuries, defamation, invasion of privacy, humiliation or embarrassment, false light, infliction of emotional distress, damage or loss to any personal property, loss of income, or any other tort or cause of action in connection therewith due in whole or in part, directly or indirectly, to my participation in the Event.

I hereby give my permission for Officials of the USBA/IBA to seek any medical service that I may require in case of accident. I agree that I will behave myself appropriately at all times over the Event and the activities surrounding the Event, and I will abide by the USBA/IBA rules for competitors at the Event and understand that my failure to do so may result in penalties.

I represent and warrant that I am at least 18 years of age and I have the full, complete and unrestricted right and authority to enter into this Release. I have no mental or physical condition that could impair my participation in the Event. I am not under the influence of drugs. I am not intoxicated.

I have read this entire liability release and fully understand its contents. I (and if I am under the age of 18, my parent or legal guardian) am signing this liability release and participating in the Event voluntarily, without any duress or undue influence.

SIGNATURE: _____ PRINT NAME: _____

ADDRESS: _____ AGE: _____

PHONE #: _____

IF PARTICIPANT IS A MINOR, PARTICIPANT’S PARENT OR LEGAL GUARDIAN MUST ALSO PRINT AND SIGN NAME BELOW.

I, the undersigned, hereby warrant and represent that I am the parent or legal guardian of the above participant, I have read and fully understand the terms and conditions of this liability release, and I do hereby consent to and approve all of its terms and conditions on his/her behalf, as well as in my own capacity as parent or guardian.

(Signature) _____, 2009