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18 years of age who is competing on the team.













All Teams - \$100 A \$25 late fee will be added to all The 38 th Annual NKF Rich Salick Pro-Am Surfing Festival beach entries if the contest is not full. **Team Surfing Event** □Team Entry Team Name: The NKFF Office is currently accepting registration forms for the 2023 NKF Rich Salick Team Event. Registration will end on Monday, OCTOBER 9TH at 12 pm. The contest officials will deem if beach entries will be accepted or if the event is full. All beach entries will be subject to a \$25 late fee. There are **ONLY** three ways to register: 1. Fill out and fax the Registration Form to 407-895-0051 by Friday, September 2nd. 2. Mail the Registration Form to NKF of Florida, 5756 S. Semoran Blvd Orlando FL 32822 (Received by Thursday, September 2nd) 3. Call 407-894-7325 to register. Contestants: Entrants Name: City: ______ State: _____ Zip: _____ Phone: ______ DOB: ____/___ Email: _____ WAIVER - In consideration of my signing this statement, I hereby for myself, my heirs and administrators assume any and all risks which might be associated with the "Surfing Contest." I waive and release any and all rights and claims for damages which I may have against the organizers and all sponsors, particularly the National Kidney Foundation of Florida, Ron Jon Surf Shop, and all others connected with this event, their representatives, successors, and do assign for any and all injuries or damages of any kind whatsoever suffered by me as a result of taking part in the "Surfing Contest" and any related events/activities. I understand that the amateur

competition is not sanctioned by the ESA, USSA, or any other surfing association, but I agree to abide by the USSF guidelines. All proceeds benefit the NKF of Florida. Additionally, I am responsible for keeping posted of my event and any changes in schedule or event order.

Signature of Entrant

Signature of Parent/Guardian (If under 18)

Entry Fees are non-refundable if a surfer misses their heat. Cash, chk, or credit accepted on the beach.

Order Amount: \$

☐ Check (Payable to NKF of Florida) # _____

Expiration: CIV/CCV code: Credit Card Number: