



### Responsibility Relief Entry & Insurance Forms

I am conscious that requesting to participate in this contest, I agree to personally inspect the place where the event, competency will take place and be sure that the area is safe for surfing practices. I also read and investigate about all rules and laws of this sport to participate in this competency also will take in consideration the weather climatologically conditions and volunteering accept all risks related to the use of the place of the competencies by myself or any other persons. Considering of your admittance of my participation I knowledge that I am legally limited in this case by myself my heirs, executors and administrator, I held free of responsibility and exonerate Association Professional Surfing Puerto Rico, and all sponsors of the APSPR of the event also equal to the officials, staff, agents and all persons working in any form in the event of any obligation related to wounds, damages, prejudices or any which be. Separating of my participation in this event that I am physically capable and I trained for the same and for that reason I gave the sponsors of this event and all associates with the same freeing all responsibility and financial obligation such as were described in this document. I also agree to participate and obey all the established rules and regulations established on the APSPR rule book. By participating on these events I hereby grant the Releases the right to use my (or my relative) name, photographic image, video image, and reproductions of such images for any marketing promotion or commercial purposes in their sole discretion as they see fit without any financial reimbursement to me (or my relative). I understand that I read and understand all the information contained in this document.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR COMPETITORS UNDER 18 YEARS: I certified that I am the parent or the tutor in charge of the competitor named above I am given my consenting without reserves to the participant and accept freeing from all responsibility to the organizers and sponsors of this event.

Relative Signature \_\_\_\_\_ Date \_\_\_\_\_

#### ENTRY FORM /Middles / Sept. 27, 28 / 2008

Name \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec.# \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Tel. \_\_\_\_\_ email \_\_\_\_\_

Category:  Open Men  Open Women

#### **MEMBERSHIP: PLEASE CHECKMARK THE MEMBERSHIP TO BE PAID**

- Annual membership w/tax exemption certificate (men/women) ..... \$100.00 (3 events)
- Annual membership w/out tax exemption certificate (men/women) ..... \$107.00 (3 events)
- One event courtesy membership w/tax exemption certificate (men/women) ..... \$50.00 (1 event)
- One event courtesy membership without tax exemption (men/women) ..... \$53.50 (1 event)

#### **ENTRY FEE: PLEASE CHECKMARK THE ENTRY TO BE PAID**

- Mens entry w/ tax exemption certificate form: ..... \$75.00 ( per event)
- Mens entry without tax exemption certificate form: ..... \$80.25 (per event)
- Women entry w/tax exemption certificate form: ..... \$60.00 (per event)
- Women entry without exemption certificate form: ..... \$64.20 (per event)

#### **INSURANCE FEE: PLEASE CHECKMARK THE INSURANCE POLICY TO PAID**

- Mens & Womens Insurance fee as Profesional: ..... \$52.50 (per event)
- Mens & Womens Insurance fee as Amateur: ..... \$11.00 (per event)

#### **PLEASE; ADD MEMBERSHIP + ENTRY FEE + INSURANCE FEE = TOTAL AMOUNT TO BE PAID**

- Entry must be paid 7 days prior to event start day, past the 7 day's date a late entry fee of \$35.00 will be charged.  
- Entry deadline is 3 days prior to the event. All entries and memberships should be mail only to: A.P.S.P.R. Road 4466 km. 1.2 Suite 337, Jobos Beach, Isabela P.R. 00662. **No entries at the beach. Spaces are limited.** All competitors advancing to the money rounds must paid the \$100.00 full membership to receive their prize money. The competitor who have not paid full membership the balance will be deduct from the prize money.

**COMPETITORS ACCIDENT INSURANCE FORM**

**APSPR**

Carr.4466Krn.1.2 Buz6n#337Bajuras

Playa Jobos, Isabela, PR 00662

Tel. (787) 872-2490

[www.APSPR.net](http://www.APSPR.net)

email: info@apspr.net

The Commissioner of Navigation require a compulsory accident insurance for each competitor in order to compete, who must be classified as Professional or Amateur.

I, \_\_\_\_\_ Social Security # \_\_\_\_\_

certify that I read this document, that I understand and accept that I'm competing as (amateur or

Professional) \_\_\_\_\_ athlete status, today (date): \_\_\_\_\_

Signature: \_\_\_\_\_

**FORMA PARA LA PÓLIZA ACCIDENTES COMPETIDORES**

**APSPR**

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El Comicionado de Navegación requiere un seguro por accidente por competidor, el costo del mismo varía según su categoría de atleta, en este caso aficionado o profesional, favor indicar su categoría de atleta. Esto es requisito compulsorio para todos los participantes.

Yo \_\_\_\_\_ Seg. Soc. # \_\_\_\_\_

certifico que he leído, entendido y aceptado que estoy compitiendo bajo la categoría

de \_\_\_\_\_ hoy día (Fecha) \_\_\_\_\_.

Firma \_\_\_\_\_