



**OFFICIAL ENTRY FORM**

**ENTRY DEADLINE: OCTOBER 24, 2012**

DATES: OCTOBER 27TH & 28TH, 2012

LOCATION: MARIAS TO DOMES, RINCON, PUERTO RICO

WWW.QUIKSILVER.COM/SURF

- QUIKSILVER SKINS ENTRY \$50.00
- DEADLINE TO SUBMIT AN ENTRY FORM: OCTOBER 24TH, 2012

**\$6,400 PRIZE PURSE INCLUDING:**

- \$1,500 TO THE OVERALL SKIN WINNER
- THE OESTE WINNER AND THE ESTE WINNER WILL BE ABLE TO CHOOSE FOUR (4) COMPETITORS TO SURF ON THEIR RESPECTIVE TEAM FOR THE OESTE V. ESTE PORTION OF THE CONTEST. THE WINNING TEAM WILL RECEIVE TWO THOUSAND DOLLARS (\$2,000) TO BE SPLIT AMONG THE MEMBERS OF THE TEAM.
- \$200 PER SKIN / \$100 PER SKIN WITHOUT COSTUME
- \* (\*BASED ON A FULL FIELD OF 66 SURFERS)

**OESTE**  
**SURF ZONE SURF SHOP**  
**CLIFF RD**  
**BLDG 704**  
**RAMEY, PUERTO RICO 00604**

**ESTE**  
**TRES PALMAS SURF SHOP**  
**1911 MC LEARY AVE**  
**OCEAN PARK**  
**SAN JUAN, PUERTO RICO 00911**

**PLEASE MAKE ALL PAYMENTS IN CASH.**  
**PLEASE FILL OUT ALL TAX FORMS IN FULL.**

NAME (FULL) \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL # \_\_\_\_\_ E-MAIL \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

IN CASE OF AN EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PH. # \_\_\_\_\_

TAKING MEDICATION? YES NO ALLERGIC TO ANY MEDICATIONS? YES NO

WHAT MEDS? \_\_\_\_\_

I UNDERSTAND THAT SURFING IS HAZARDOUS AND I HAVE MADE A VOLUNTARY CHOICE TO PARTICIPATE IN THIS EVENT DESPITE THE INHERENT RISKS. I ACCEPT FOR MYSELF ANY RISKS ASSOCIATED WITH THE EVENT AND PROMISE NOT TO SUE QUIKSILVER, INC. OR ANY OF ITS AFFILIATES, OR ANY OTHER SPONSORS, CO-SPONSORS, PROMOTERS OR HOSTS FOR ANY AND ALL LOSSES AND INJURY TO PERSON OR PROPERTY ARISING FROM OR RELATED TO THE EVENT.

IN CONSIDERATION OF ACCEPTING THIS REGISTRATION, I HEREBY RELEASE AND PROMISE NOT TO SUE QUIKSILVER OR ITS AFFILIATES, AND ANY OF THEIR AGENTS, OFFICERS, DIRECTORS, REPRESENTATIVES OR EMPLOYEES, OR ANY OTHER SPONSORS, CO-SPONSORS, PROMOTERS OR HOSTS FOR ANY CLAIMS, DEMANDS, CAUSES OF ACTION, LOSSES, EXPENSES, COSTS AND LIABILITY OF ANY NATURE WHATSOEVER WHICH I MAY HEREAFTER HAVE AGAINST ANY OF THEM ARISING OUT OF OR IN CONNECTION WITH THE EVENT.

I IRREVOCABLY GRANT TO QUIKSILVER, INC., ANY SPONSOR AND THEIR RESPECTIVE AFFILIATES THE RIGHT TO PHOTOGRAPH AND VIDEO ME AND THE RIGHT TO USE MY NAME, LIKENESS, PORTRAIT, RECORDED VOICE, ADDRESSES, PHOTOGRAPHS, FILM AND VIDEOS IN ADVERTISING, MARKETING, PRODUCT PACKAGING OR OTHER USES, WITHOUT COMPENSATION AND WITHOUT RESTRICTION AS TO DURATION, GEOGRAPHY, MEDIA OR FREQUENCY. IN THE EVENT OF ANY DISPUTE ARISING IN CONNECTION WITH MY PARTICIPATION IN THE EVENT, ANY SUCH DISPUTES SHALL BE GOVERNED BY CALIFORNIA LAW AND MUST BE BROUGHT IN THE STATE OR FEDERAL COURTS LOCATED IN ORANGE COUNTY, CALIFORNIA AND I HEREBY IRREVOCABLY SUBMIT TO SUCH JURISDICTION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IF MINOR UNDER THE AGE OF 18, PARENT OR GUARDIAN MUST SIGN:**

I HAVE READ THE ABOVE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PARTICIPANT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE PARTICIPANT.

PARENT OR GUARDIAN NAME (PRINT) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SUBJECT TO AVAILABILITY. LIMITED TIME OFFER.

**OFFICE USE ONLY:**

PAID: \_\_\_\_\_

DATE RECEIVED ENTRY & PAYMENT: \_\_\_\_\_

SIGNED: WAIVER                      RELEASE                      MINOR WAIVER \_ \_

# Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.  
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

- A U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States . . . . . W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) . . . . . W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) . . . . . W-8ECI or W-8EXP

Instead, use Form:

**Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary . . . . . W-8IMY

**Note:** See instructions for additional exceptions.

## Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner		2 Country of incorporation or organization	
3 Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation			
4 Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>			
City or town, state or province. Include postal code where appropriate.		Country (do not abbreviate)	
5 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country (do not abbreviate)	
6 U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN		7 Foreign tax identifying number, if any (optional)	
8 Reference number(s) (see instructions)			

## Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

a  The beneficial owner is a resident of ..... within the meaning of the income tax treaty between the United States and that country.

b  If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).

c  The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).

d  The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).

e  The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article ..... of the treaty identified on line 9a above to claim a ..... % rate of withholding on (specify type of income): .....  
 Explain the reasons the beneficial owner meets the terms of the treaty article: .....

## Part III Notional Principal Contracts

11  I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

## Part IV Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The beneficial owner is not a U.S. person,
- The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting



## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,