



Parent Permission Form and Medical Release of Liability

HEALTH INFORMATION

Emergency Contact: _____ Relationship: _____
(If parent/ guardian cannot be reached)

Phone: _____ Work Place: _____

Are there any medical conditions (allergies, medications, etc.) that may have a bearing on your child's participation in the Lakeview Hills Junior Golf program? No _____ Yes, explain _____

In case of an emergency or in the event that we cannot be reached during a Lakeview Hills Junior Golf Program and/ or event, I agree to accept any and all determinations of need for medical assistance and/ or administration of medical attention deemed necessary by the Lakeview Hills Golf Resort Staff. I hereby give permission to the medical personnel selected by the Lakeview Hills Junior Golf representatives to secure any and all medical, hospitalization, dental, and/ or surgical treatment. In event that such medical attention is needed from a health care provider, all costs shall be the responsibility of the parent or guardian. I may be reached at:

Parent or Legal Guardian: _____

Place of Business or Work: _____

Work Phone: _____ Home: _____ Cell: _____

Complete Home Address: _____

Parent/ Guardian Initials: _____

MEDIA RELEASE

I hereby give the Lakeview Hills Junior Golf and participating agencies permission to use film, videotape, and/ or photographs of the minor on this application for lawful promotional or informational purposes without further authorization or compensation.

Parent/ Guardian Initials: _____

LIABILITY WAIVER

I, the parent/ legal guardian of the applicant, give approval for participation in the Lakeview Hills Junior Golf sponsored activities. I assume all risks of injury whatsoever and agree to hold Lakeview Hills Golf Resort from claim(s) of any nature arising from any activity, including transportation, connected with Lakeview Hills Junior Golf Program and/ or facilities. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of the Lakeview Hills Junior Golf Program, its employees, agents, PGA and PGA professionals, U.S. Kids Golf, Participating agencies and volunteers.

Signature of Parent / Guardian: _____ Date: _____

Please Print Name: _____ Mother _____ Father _____ Guardian _____

Participant's Name: _____ Age: _____