



Pan American Golf Association of Corpus Christi Annual Jr. Golf Clinics And Tournament

Parent's or Guardian's Release, Waiver of Liability and Indemnification Agreement for Minor Participant

I represent and warrant that I am the parent or legal guardian for the Minor Participant named at the bottom of this form, that I am of legal age and that I have the capacity to make this agreement, fully understand the subsequent content of this release and within my parental/guardian's capacity I hereby agree to bind myself and Participant, our heirs, legal representatives, successors and assigns to the terms of the release and indemnification, in consideration of my child/ward's participation in the Pan American Golf Association's Jr. Golf Clinics and Tournament.

For such consideration, on behalf of myself and Participant, I hereby agree that we assume all risk associated with his/her participation and agree to and do waive all claims against and do release, hold harmless, indemnify and defend the Pan American Golf Association of Corpus Christi (CCPAGA), the sponsors of the Jr. Golf Clinics and Tournament (Sponsors) and all other participating entities and their respective directors, officers, employees, volunteers, agents, and attorneys, successors and assigns, from and against any and all claims, damages, liabilities, causes of action which may arise as a result of or incidental to the negligence of the Pan American Golf Association, and/or a Sponsor, and/or any other participating entity.

In the event that the below-named individual is injured, as a result of his or her participation in the CCPAGA's Jr. Golf Program and RELEASOR is unable to be contacted, as parent/guardian, Releasor hereby authorizes the CCPAGA and/or their designated physicians to take whatever action is necessary, in their judgment, for the medical care of the below-named individual, RELEASOR agrees to be financially responsible for any emergency care and/or transportation cost incurred by the below-named individual. Further, RELEASOR expressly releases the CCPAGA from and waives any and all claims against and indemnifies the CCPAGA for any and all liability or responsibility incurred as a result of the CCPAGA taking the aforementioned medical actions, including any such claims which may arise from the CCPAGA's negligence.

I acknowledge that I have read and do understand the Pan American Golf Association Jr. Golf Program rules and that my child/ward is eligible to participate/compete in the Jr. Golf Clinics and Tournament according to those rules.

Participant's Name (Print)

Parent/Guardian Name (Print)

Signature

Signature

Date of Birth _____ Age _____

Ph: _____

Boy _____ Girl _____

Email: _____

Date _____

Address _____
