



## David Parks

# Junior Clinic Sign-Up

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F  
Youth Participant

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Emergency \_\_\_\_\_

Email : \_\_\_\_\_

Each day we will teach a different aspect of the game of golf. Some examples would include: woods, irons, putting, chipping, rules of the game, and course etiquette, etc. On the last day of the clinic there will be a golf scramble with a party to follow. There the kids will receive their graduation certificates; also upon completion of this program, with perfect attendance, you will have earned a FREE Youth Golf Membership.

### **Emergency Medical Release & Waiver of Liability – General Indemnification**

I \_\_\_\_\_ (hereafter "Parent/Guardian"), on behalf of the above listed minor (hereafter "Youth Participant"), and in consideration of the above stated services being provided, hereby release, discharge, covenants to indemnify and not to sue the Union County Country Club, its Golf Professional or assistants and Union County Country Club Board of Directors, their heirs, successors and assigns forever, and any and all other persons, owners, lessors of premises, associations and corporations (collectively the "Releasees"), who individually, or together may or could be jointly or severally liable to Parent/Guardian, of and from any and all liability and as to any and all actions and causes of actions, rights, suits involving personal injury of any kind, all of which may arise during the course of the above named Youth Participant taking part in or completing the Union County Country Club Jr. Golf Program (hereafter "Program"). I affirm that the Youth Participant is physically capable of participating in the Program. I hereby give my consent to have emergency personnel, a doctor of medicine or dentistry or associated personnel to provide the Youth Participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save and hold harmless and indemnify Releasees from all liability, loss, cost, claim or damage whatsoever, including but not limited to reasonable attorney fees and including death or damage to property, which may be imposed upon Releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or part by the negligence of Releasees. I have read the above waiver/release and understand that I (and Youth Participant) have waived and given up substantial rights by signing this release and sign below voluntarily.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date