

The Club at Falcon Point
JUNIOR GOLF CAMP REGISTRATION – 2019

*Separate form needed for each participant please

Participant Name: _____

Address: _____

City: State: Zip: _____

Parent/Legal Guardian: _____

Member: (circle one) Y N Member # _____ Bill to account? (circle one) Y N

Phone: Primary: _____ Alternate: _____

Email: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

PLEASE SELECT THE WEEK IN WHICH YOU CHILD WILL BE ATTENDING CAMP:

Summer Camp Dates: Ages 6 - 14

June 4 – 7, June 11-14, July 9-12, July 23-26, August 6-9

Cost: Members: \$200 Guests: \$250

Camp Times: 9am -12pm

*Please make checks payable to The Club at Falcon Point, CC also accepted, and no cash please.

ASSUMPTION OF RISK AND RELEASE AGREEMENT

Assumption of Risk: As parent or legal guardian of participant, I am aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. I am also aware that the Club facilities and/or equipment contain dangers and can cause serious injury or death. **I and participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity including injury or death that results from Club's negligence, design of the facility and/or equipment, or from any third party.**

Release and Indemnity: In exchange for the Club allowing participant to participate in the Activity, I and participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs, and assigns, release, hold harmless, and indemnify the Club, its parent company, affiliated or subsidiary companies, and all their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Activity that may result from Club's negligence, design of the facility and/or equipment, or from any third party, whether on or off the Club's premises and including any transportation. **BY SIGNING BELOW, I CERTIFY THAT I FULLY UNDERSTAND THAT THIS RELEASE WILL PROVIDE AN ABSOLUTE DEFENSE TO ANY LAWSUIT OR CLAIM AGAINST THE CLUB FOR ANY INJURIES OR DAMAGE THAT I AND PARTICIPANT MAY INCUR BY REASON OF PARTICIPATION IN THE ACTIVITY.**

Property Loss: All personal property brought to the activity is brought at the sole risk of the participant as to its theft, damage, or loss.

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Medical. I give my consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate. **This Release extends to any damage or loss arising out of the medical treatment and transportation provided in the event of an emergency, including the negligent acts or omissions of any health care providers, their agents, employees, or representatives.**

Photograph Permission. I give permission for the Club to use, without limitation or obligation, photographs, film footage, or tape recordings that may include participant's image or voice for purposes of promoting the Club's programs.

Severability. If any provision or portion of this Release is found to be invalid by a court of competent jurisdiction, the remaining portions and provisions of this Release, shall remain effective and shall be construed as if the invalid portion or provisions had not been contained herein.

Signature of Parent/Legal Guardian: _____ **Date** _____

April 5, 2019
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EMERGENCY/MEDICAL TREATMENT

Full name of Participant: _____

Participant's Date of Birth: _____ Age: _____

Allergies: _____

Medications: _____

Medical History (ex., diabetes or epilepsy), Special Conditions/Needs: _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Phone: _____

Group/Policy No: _____

Names of people to whom the Participant may be released.

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Completed by: _____ Date: _____
Parent/Legal Guardian