



Augustine Golf Club Spring Junior Golf Clinic
Release and Waiver Form

Welcome to Augustine Golf Club. The purpose of this form is to inform you of your rights when participating in physical activity at Augustine Golf Club.

Any program of physical activity will involve a certain amount of strenuous exercise and personal risk.

Please provide on the bottom of this form, the name(s) and address(es) of person(s) to notify in the case of an emergency while your junior is attending a clinic at our facility.

In consideration of the content of Augustine Golf Club, I hereby assume all risk of injury or damage to my property, whatever occurring, and however long said physical activity course may continue, and I hereby release the Augustine Golf Club, its officers, agents, or employees from any and all claims and demands or liability for any injury to my child, including death; or to my property in any way arising out of incidental activity course, except such injuries or damage caused solely by the gross negligence or willful misconduct of officers, agents, or employees of the facility.

I have read and understand, the above information regarding my child's participation in the Junior Golf Clinic program at Augustine Golf Club.

Parent / Guardian Name _____
Please Print

Parent / Guardian Signature _____

Child's Name _____
Please Print

EMERGENCY CONTACT DURING CAMP TIME – MUST COMPLETE

Name _____ Relationship _____

Phone # _____ Cell # _____

Name _____ Relationship _____

Phone # _____ Cell # _____