



Amerazil Golf @ Hillandale Golf Course Clinic Participation Agreement

Golfer: _____ Date of Birth: _____
Residence of Parent _____
City: _____ State: _____ Zip: _____
Parents' Names: _____
Home Telephone: _____ Work Telephone: _____
Cell: _____
Family Physician: _____
Address: _____
Telephone: _____

As parent or legal guardian of _____, I hereby give my consent for his/her participation in the Hillandale Junior Golf Academy 2018. I understand that the sport of golf involves physical demands upon my child. I understand that my son/daughter will be required to use golf equipment (clubs and balls), which if used improperly might cause injury to my son/daughter or to the person of another. I hereby grant permission for treatment deemed necessary for any conditions arising during participation in the golf clinic, including medical or surgical treatments recommended by a medical doctor. I understand that every effort will be made to contact me prior to treatment. **WAIVER OF CLAIM:** In consideration of my child's participation in the Hillandale Golf Junior Clinic, I do hereby, for myself, on behalf of my child, my heirs and executors, waive, release, and forever discharge all rights and claims for damage which my child may have, or which may hereafter accrue to him/her, against The City of Durham, Amerazil Golf LLC, DBA, Hillandale Golf Course, its employees or agents, for any and all damage which may be suffered by my child in connection with his/her participation. HGC reserves the right to remove any participant, without refund, who is not abiding by reasonable expectations of behavior.

Signature (Parent or Guardian): _____ Date: _____