



Amerazil Golf - Hillandale Golf Course Junior Academy Participation Agreement

Junior Golfer Name: _____ Date of Birth: _____

Parents'/Guardians' Names: _____

Address of Parent/Guardian: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

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 2024. 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, first aid care to include, if necessary, emergency medical care and medical 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 Academy, 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. Hillandale Golf Course reserves the right to remove any participant, without refund, who is not abiding by reasonable expectations of behavior.

Signature (Parent/Guardian): _____ Date: _____