OFFICIAL USE: Full day ☐ Half day ☐ Paid ☐

Blue Fox Run Golf Academy Full Day Clinics
Health and Release form

GOLFER NAME: _____ CLINIC DATES: _____ AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

MAIN CONTACT: _____

HOME: (_____)_____ WORK: (_____)_____ CELL: (_____)_____

EMAIL: _____

ADDITIONAL CONTACT: _____ PHONE: (_____)_____

ALLERGIES:

_____ _____

_____ _____

_____ _____

I hereby certify that the named golfer is in good health and fully able to participate in all activities of the golf clinic. My golfer has no known restrictions, or any other facts, that may limit her/him from participation. I further understand that Blue Fox Run Golf Course retains the right to use photographs of junior golfers taken at the clinic for future Blue Fox Run Clinic promotions.

Signed: _____X Date: _____

WAIVER & RELEASE

I do hereby acknowledge and understand that my child's participation is purely and entirely voluntary and that there are certain substantial and inherent risks involved in sport. I further acknowledge that the clinic shall not in any way be responsible or liable for any injuries, ailments, infirmities and/ or disabilities, which my golfer may encounter or sustain as the result of such participation. I understand the nature of potential risks from injury and I agree to accept those risks. The clinic director and Blue Fox staff has permission to seek medical attention for my child, and I grant permission for designated physicians to provide medical treatment in the event of injury or sickness. I understand that every attempt will be made to contact me. I will be financially responsible for any medical attention needed during the clinic or resulting from an injury received at the clinic. My medical insurance shall be the insurance coverage for any medical treatment. I, the parent (guardian), do hereby agree to the above waiver and release.

Name of golfer: _____ Signature of Parent: _____X Date: _____

HEALTH INSURANCE INFORMATION

Health insurance Company: _____

Policy/ID Number: _____

Policy Holder Name: _____

Policy Holder Date of Birth: _____/_____/_____