

Carson Valley Golf Course Junior Golf Program 2024

Name of Child(ren): _____ Date of Birth: _____

Name of Parent: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact _____ Emergency Phone _____

Parental Consent

I hereby consent that my above named child(ren) may participate in any and all Junior Golf Programs held at Carson Valley Golf Course during the year 2024. This includes all and any practices or matches that my child(ren) may participate in at other golf courses. I am executing the attached Waiver and Release Agreement on their behalf. I state that my child(ren) is physically able to participate in all Junior Golf Programs. I understand that if there is any change in my child(ren)'s health or personal information, it is my responsibility to promptly inform the staff at Carson Valley Golf Course of the change.

Consent to Treatment of Minor

In the event of sudden illness, accident or injury which may occur while my child(ren) is participating in Junior Golf Programs at Carson Valley Golf Course and neither parents, guardian or emergency contact can be contacted, I hereby consent and authorize Carson Valley Golf Course and/or the clinic instructors to obtain emergency treatment, as shall be necessary under the circumstances, by any physician or hospital facility licensed under the laws of the State of Nevada.

I understand and accept that Carson Valley Golf Course does not provide medical insurance for any and all of its Junior Golf Programs. I further understand that any and all medical or any such costs incurred on behalf of my child(ren) shall be my sole responsibility.

PRINT NAME _____ **SIGNED** _____ **DATE** _____

On behalf of the above named Child(ren)

Occasionally Carson Valley Golf Course may use pictures or videos of your child(ren) in promotional material, online, social media etc. **If you do NOT AGREE to use of these pictures or videos** of your child(ren) in this way please sign here

**Carson Valley Golf Course
Junior Golf Program 2024
Waiver & Release Agreement**

Name of Child(ren) _____

I understand that participation in a Junior Golf Program involves known and unanticipated risks, including a possibility of danger or accidents and knowing those risks, I hereby assume those risks. This release is to be binding on my heirs and assigns.

In consideration for being permitted to participate in the Junior Golf Programs, I hereby voluntarily waive, release and discharge any and all claims for damage, personal injury, illness, death or property damage, which I may have or may hereafter accrue to me as a result of my or my child(ren)'s participation in any Junior Golf Programs

This Release is intended to release Carson Valley Golf Course, (its officers, employees, agents, independent contractors and coaches) from all and any liability arising out of or connected in any way with my or my child(ren)'s participation in the Junior Golf Programs, even though that liability may arise out of negligence or carelessness of the part of Carson Valley Golf Course, (its officers, employees, agents, independent contractors and coaches).

I agree to indemnify and hold Carson Valley Golf Course, (its officers, employees, agents, independent contractors and coaches) free and harmless from any loss, liability, damage and cost or expense, which they may incur as the result of my or my child(ren)'s illness, death or from any injury or property damage that my child(ren) may sustain while participating in the Junior Golf Programs.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AGREEMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN CARSON VALLEY GOLF COURSE AND ME.

PRINT NAME _____ **SIGNED** _____

DATE _____

On behalf of the above named Child(ren)