



## Junior Golf Program Registration & Waiver

Notice to all Parents & Guardians:

This form must be signed and submitted to your Golf Instructor or their Representative before they permit your child to participate in any Junior Lesson Program.

### Waiver & Release

I hereby execute and deliver this waiver and release to induce Eagle Rock Golf Course, its owners, and instructors to permit my child to participate in a Junior Lesson Program of physical training ("Program").

I acknowledge and understand, that participation in any exercise program carries with it certain medical risks of illness, allergies, or injury, and that my child is participating in the Program upon the express agreement and understanding that I am hereby waiving and releasing the above from all claims, costs, liabilities, expenses or judgements, including lawyer fees, and court costs (hereby collectively "Claims") resulting therefrom and hereby indemnify and hold harmless each of the above from and against any and all such Claims, except Claims caused by the gross negligence or willful misconduct of them, their representatives, agents or employees.

Camp #: \_\_\_\_\_ Owns Clubs (Yes/No): \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Expiry: \_\_\_\_\_ CSV: \_\_\_\_\_

**\*Credit Cards will be processed 7-10 days prior to camp when we call for confirmation.\***

**Eagle Rock G.C. – 50549, RR 234 – Leduc County, AB – T4X 0L4  
Phone 780-464-4653 Fax 780-464-4652**