**RELEASE FORM**

In consideration of the Greg Jones Golf Academy and Fox Meadow Country Club accepting my child into participation and training in golf, which activity I hereby acknowledge involves risk of injury, I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by my child, or my child's family in connection with the participation in golf classes, programs, lessons or tournaments. I give permission to the Greg Jones Golf Academy, Fox Meadow Country Club and/or an appropriate medical facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of the Greg Jones Golf Academy and Fox Meadow Country Club. Further, I hereby release and agree to hold harmless and to identify the Greg Jones Golf Academy and Fox Meadow Country Club employees, owners, or volunteers from claims, losses or expenses incurred or on the behalf of me, my child or my child's family.

**Emergency Contact Information**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** By signing, you are agreeing the information above is correct, that your child agrees to abide by the rules of the course; and your child will have a pick-up ride after the league play is complete.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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