

Program Information:

Program Name: _____ Program Date(s): _____

Session Number: _____ Start Time: _____

Date of Registration: _____

Student Information:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: (mm/dd/yyyy): _____

Gender: Male / Female

Does the student need clubs? Yes / No Right or left handed? Right / Left

Parent / Guardian Information:

Parent or Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Mobile Phone: _____

Email: _____

Payment Information:

Program Fee: _____

Form of Payment: CASH CREDIT CARD CHECK # _____

Credit Card Type: Visa MasterCard AmEx

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Signature: _____

Admin Use Only

Phone Order: Y / N By: _____ POS: Date _____ By: _____

Onsite Reg: Y / N By: _____ USchedule: Date _____ By: _____

TGF Waiver: Date _____ By: _____

**Tennessee Golf Foundation Programs, Events and Activities -
Parental / Legal Guardian Acknowledgement of Risk, Waiver of Liability, Consent
to Treat, Use of Likeness**

I hereby acknowledge and accept on behalf of myself and my child the potential risk of serious injury inherent in the game of golf and its related activities and hereby release the Tennessee Golf Foundation and the collective parties listed below, as well as their affiliate entities, staff members, employees, directors, officers and contractors from all liabilities or injury associated with my child's participation in Tennessee Golf Foundation programs and any related activities or events.

I hereby release and hold harmless the Tennessee Golf Foundation, Tennessee Section PGA, Tennessee Golf Association, Tennessee PGA Junior Golf Academy, Tennessee Junior Golf NLLC, Little Course at Conner Lane, Golf House Tennessee, Vanderbilt Legends Club, Kite-Cupp Corporation and all of the collective employees, agents, staff, directors, officers, contractors and shareholders of the aforementioned parties, from any and all liability from any accidents that may occur while my child is attending or participating in the Tennessee Golf Foundation's programs, events or activities.

I hereby give my consent for my child to receive medical attention and treatment in an emergency situation that the staff of the Tennessee Golf Foundation and its related entities determines to be in the best interest and welfare of the child should I not be available to reasonably provide such consent either in person or by phone.

I acknowledge that the parties listed above are not responsible for any lost, broken or stolen articles or personal property that my child may bring to or purchase for use at or during Tennessee Golf Foundation programs, events or activities.

I give my consent to the Tennessee Golf Foundation to film, photograph or videotape my child and to use, in perpetuity, any photos or likeness of my child, their name, voice and biographical information in all forms of media, electronic or otherwise.

I have read and agree to this Tennessee Golf Foundation Acknowledgement of Risk, Waiver of Liability, Consent to Treat, Use of Likeness Form.

Signature: _____

Date: _____