Bogey Bear Jr. Golf Foundation

Participant Permission Form – Golf Program ("Program")

(All Students must be between the ages 7 through 17 when enrolling)

	New	Returning
Beginner:	____	____
Intermediate:	____	____
Advanced:	____	____
Teen Mentor:	____	(I understand that commensurate volunteer hours mentoring Beginner Bogey Bear students is required for participation)

Name: _____ Gender: _____
(First) (Last) (Male/Female)

Address: _____
(City) (Zip Code)

E-mail: _____ Parent or Emergency Cell: _____ Home Phone: _____

Birth Date: (_____/_____/_____) School: _____ Current Grade: _____

How did you hear about the Program? _____

****

Media Release

I hereby give the Bogey Bear Jr. Golf Foundation ("Foundation") permission to use the image of the above mentioned child for its internal publications and for external promotional or informational purposes. There is no expiration date on this release and I will not seek compensation for the use of any image.

Parent/Guardian Initials: _____

****

I have my parent's or legal guardian's permission to participate in the Program. I agree to abide by all rules of the Program and will follow all instructions of the Program's volunteers.

Student Signature: _____

I, the parent/legal guardian of the above named child, give approval for him or her to participate in the Program and all its sponsored activities. I certify that he or she is between the ages of 7 through 17 and in good health and is able to participate in the Program. I acknowledge the inherent risks associated with his or her participation in the Program, and I assume these risks including those caused by the negligence of the Foundation, its volunteers and other participants of the Program. I release all claims held by me, my spouse and my child arising out of or related to my child's attendance or participation in the Program. I further agree to indemnify, defend, and hold the Foundation and its directors, agents, and volunteers harmless from and against any and all injuries, liabilities, claims, damages and expenses, including reasonable attorney's fees, arising out of or related to my child's attendance or participation in the Program. I consent to the Foundation communicating information related to the Program to my child in any form including, but not limited to, the Internet. I acknowledge that my signature below signifies my agreement to allow the Foundation to collect and retain personal information related to my child through the Foundation's Web site even if my child is under the age of 13. If any provision of this agreement is found to be invalid or unenforceable, then the remainder of this agreement will have full force and effect, and the invalid provision will be enforced to the maximum extent permitted by the laws of the State of Washington.

Parent/Legal Guardian Signature: _____ ***Date:*** _____

Parent Name (Print): _____

Phone/E-mail/Home Address: (If different than above): _____