



# Student Participant PERMISSION/WAIVER FORM

Name of Student (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Father's Phone: \_\_\_\_\_

Mom's Email: \_\_\_\_\_ Dad's Email: \_\_\_\_\_

Primary Contact for Child

Primary Contact for Child

Age of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Golf Clubs: Y/N \_\_\_\_\_ Grade of Child: \_\_\_\_\_

Names of individuals allowed to pick up student:

\_\_\_\_\_  
\_\_\_\_\_

## Functions and Activities

It is my understanding that participating in the programs and recreational and other activities is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents. In addition, acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. Genesis Golf has permission to use all photography of all program or birthday party children, to publicly promote Genesis Golf, understand that the images may be used in print publications, online sites, websites, and social media.

## Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's estate, heir, representatives, or assigns may have against Genesis Golf, Genesis Golf Trips, Genesis Golf4Kids, Genesis Publishing LLC or its leaders, employees, volunteers. I further agree to indemnify and hold harmless Genesis Golf, Genesis Golf Trips, Genesis Golf4Kids, Genesis Publishing LLC or its leaders, employees, volunteers, from any and all claims arising from my participation in its activities and programs or as a result of injury or illness of my child during such activities.

## First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child names above including hospitalization, if in the agent's opinion such need arises, in doing so, I agree to pay

all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for the Genesis Golf Coach or other Genesis Golf staff to give over-the-counter medications as needed. I give permission to transport the child named above to a medical treatment center in a non-emergency vehicle in a medical emergency situation.

### Medical History

1. Does the student have any known physical reasons or illness which might interfere with his/her participation in strenuous activity? If so, please explain

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2. Does the student have any severe allergies or reactions to drugs or medicines? Explain

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

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3. Is the student presently on any special diet or exercise restrictions? If Yes, please list specific details. (Name of medication, dosage, etc.)

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### Emergency Contacts - In addition to parents

Name of Persons and telephone numbers to call in case of emergency: must provide at least (2) names.

First Parent to Call: \_\_\_\_\_  Second Parent to Call: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Other Information:** Further information our leaders should know about the student participant?

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I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of Genesis Golf including any special event/activities described above. In consideration, for allowing the participation of the child in these activities, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors and assigns.

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Signature of Parent or Legal Guardian

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Date