



## Junior Camp/Clinic Statement of Consent & Waiver

Name of Junior Camp/Clinic: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

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

Does your child have any allergies or special circumstances? If yes, please list below: ☐ Yes ☐ No

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I hereby agree and declare that I am the legal parent/guardian of the above-named child and hereby consent to the child's participation in the activities that were described to me in registration process. I understand that activities of the kind described may result in physical injury to my child but, nonetheless, specifically request that he or she be allowed to participate in those activities.

If the above-named child requires any emergency medical treatment or procedures during the activities, I hereby consent to allow the activity supervisor(s) to make any decision and take any action to arrange for such procedures or treatments within his/her discretion.

I hereby further grant Reunion Golf and Country Club ("Reunion") the absolute right and permission to use my child's likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or consideration. I hereby irrevocably authorize Reunion to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my child's likeness appears.

I, the parent/guardian, hereby agree and declare that I have carefully read and understand the scope of the camp/clinic activities and I consent to the participation of the above-named child to these activities.

I further understand that the camp management and/or activity supervisor(s) shall not be held responsible for any harm that may occur to the above-named child that is not the direct fault of camp management and/or the activity supervisor(s).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_