



Please Return to:
Irish Hills Golf Course ATTN: Heather Barbour
7020 Newark Road
Mt. Vernon, OH 43050

MEDICAL RELEASE AND PERMISSION SLIP

PARTICIPANTS NAME: _____ AGE: _____ M / F

PARENT/GUARDIAN NAME: _____ RELATIONSHIP _____

ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT #1: (NAME RELATIONSHIP PHONE)

EMERGENCY CONTACT #2: (NAME RELATIONSHIP PHONE)

ALLERGIES: _____

CURRENT MEDICATIONS: _____

MEDICAL CONDITIONS: _____

PHYSICIAN: _____ PHONE: _____

____ I hereby give my consent for my child to participate in the program being offered by Irish Hills Golf Club and I declare that I will not hold or Irish Hills Golf Club, its employees, or any volunteer associated with the program responsible for any injuries, damage, or personal loss incurred while participating or in connection with in said program.

____ I hereby waive release and discharge any claims for damages against any person or entity in any way involved with this program, including but not limited to Irish Hills Golf Club, which may arise as a result of my child's participation in the program. This release is intended to discharge the persons and entities mentioned above of any and all liability in connection with my child's participation in the program. It is further understood and agreed that this waiver, release and assumption of risk has been freely entered into and is to be binding on our heirs.

____ Irish Hills Golf Club, its staff, and all persons related directly or indirectly with recreation programs assume no financial obligation or liability; but in the case of accident or illness, I grant authorization to secure medical treatment for the above named minor if I cannot be contacted immediately. I hereby consent to the administration of any and all medical procedures necessary by the attending authorities.

____ We (parent/guardian and student) have read the Concussion Information Sheet available online at www.kitsapgov.com/parks/Facilities_Recreation/Pages/golf_camp.htm and understand the signs and symptoms of a concussion and also understand that if my child does suffer a concussion the coach needs to be informed immediately.

_____parent/guardian initial _____student initial

_____ I give consent to photograph my child at class and/or use photographs in future program brochures/flyers:

_____ YES NO ____I, the legal parent/guardian of the above named minor, understand that all participants in this program participate at their own risk. I agree to hold harmless Irish Hills Golf Club, its employees, or any volunteer associated with the program from any and all claims in connection with the program, field trips, and activities. I also understand that there is no insurance carried for this activity and I will secure coverage if I feel it necessary.

____ I hereby declare that I am the legal parent/guardian of _____. I have read and understood this release a waiver of liability and have the legal right and authority to execute this agreement on behalf of the child and myself identified herein.

(Parent/Guardian Signature)

(Date)