

**TOWER TEE RELEASE FORM**

**Activity Consent/Photo Release:**

I specifically consent to my junior's participation in the activities offered by this Tower Tee sponsored camp, clinic or league, including but not limited to: receiving golf instruction in conjunction with and in close proximity to other students, swinging a golf club, hitting golf balls, traversing Tower Tee property and utilizing all of the facilities offered at Tower Tee Family Golf and Recreation Complex. I have deleted any preceding items for which I do not give consent for participation. I certify that my junior does possess the necessary skills to participate in any/all of the approved activities. In consideration of the right of the applicant to participate in this event, I give consent and authorization to Tower Tee for the taking of event photographs and videotapes in which my junior may appear. I waive all right of privacy in and to any said photos or videotapes

Parent/Guardian Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

**Liability Release/ Medical Treatment :**

The undersigned parent, legal guardian, next of kin or participant acknowledges that even though every effort is made to provide a safe, accident free environment, incidents may occur. On behalf of my child participant, I (we) release, forever discharge and agree to hold harmless Tower Tee and its instructors, directors, employees and subordinates from any and all liability, claims or demands for personal injury, sickness, death, property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child participant during the time(s) said child is participating in the above mentioned activities. I (we) further agree to hold harmless and indemnify Tower Tee and its instructors, directors, employees and subordinates for any liability sustained by said organization as a result of the negligent, willful or intentional acts(s) of my junior participant, including expenses incurred participant thereto.

I (we) give permission/authorize Tower Tee to provide emergency medical assistance/first aid and, if necessary, call for emergency transport to a nearby hospital/trauma center and to authorize emergency medical treatment, including but not limited to emergency surgery. I (we) absolve Tower Tee and its employees/directors from any responsibility for medical bills incurred during medical treatment.

Father/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother/ Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Campers Name(s) \_\_\_\_\_