

CLCF GOLF

AT Mulligans's Island GOLF and Entertainment Center

Parent/Guardian Waiver, Release of Liability and Indemnification Agreement

LIABILITY WAIVER

Recognizing the possibility of physical injury associated with golf and in consideration for the CLCF Youth Sports Organization Rhode Island its affiliates and ,I hereby release, CLCF youth sport organization and its affiliates accepting the registration for its Golf programs and activities (the" Programs"),I hereby release and / or otherwise indemnify the CLCF Youth Sports Organization Rhode Island and its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the program I hereby authorize. My son / daughter have received a physical examination by a physician and have been found physically capable of participating in the program(s). I hereby give my consent to have an athletic trainer and / or doctor of medicine or dentistry provide my son / daughter with medical assistance and / or treatment and agree to be financially responsible for the reasonable cost of each assistance and / or treatment

In the Notes section below please list any allergies/medical problems, including that requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis-----

Medication(s) -----

Dosage-----

Frequency of Dosage-----

Date of last tetanus Booster-----

Players Name-----

Parent or Guardian (s) Signature-----