



Michigan Women's Golf Association

A Driving Force For Women's Golf!

A 501(c)(3) non-profit, charitable organization



Girl's Golf Program Registration, Participant Consent and Photo Release Form

Participant information-please print- all information is required.

Participant's Name: _____ DOB: ____ / ____ / ____

Address: _____ City: _____ State: _____ Zip: _____

Parent / Guardian: _____ Phone: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Parent or Guardian MUST sign in space indicated below for application to be considered.

I, the parent (or guardian) of the participant named above, am familiar with the plans and purposes of Michigan Women's Golf Association's Girl's Golf Program 2018 and give full permission for my child/ward to participate in this program. I understand that, by signing this Consent & Release Form below, I agree to waive and release any rights and claims for damages against, and hold harmless MWGA, its respect officers, directors, volunteers, workers, members, contractors and agents, from and against any and all injuries or damages which may result from or arise out of my child's/ward's participation in this event.

Dispute Resolution

In the event of a controversy or claim arising out of or relating to this Participant Form the undersigned hereby agrees to arbitration held in a mutually agreeable location in accordance with the Commercial Arbitration rules of the American Arbitration Association. A judgment rendered by the arbitrators shall be final and no appealable, and may be entered in any court having jurisdiction thereof.

Medical Emergency Statement

I, the parent (or guardian) of the participant, give my permission for my child/ward to receive emergency medical treatment, if necessary, as a result of participation in this event. It is understood that every effort will be made to contact me before taking this action at the number given above.

Medical Conditions/Food Allergies

My child/ward has the following medical conditions and/or allergies of which the MWGA should be aware:

Release of Participant

Person(s) other than parent who may pick up the participant:

Name _____ Address _____ City _____ State _____ Zip _____

Relationship _____ Phone _____

Photo Consent & Release

I grant to MWGA the right to take photographs of me and my family in connection with all events associated with the Girl's Golf Program. I authorize MWGA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that MWGA may use such photographs of me and my family with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

By signing below, I acknowledged that I have read, understood and agree to this entire consent form.

*** PARENT/GUARDIAN SIGNATURE REQUIRED:**

Name

DATE