

***For easier completion and an electronic return of this form, you can download it to your PC, then open it in a PDF reader (**not a web browser**), fill it in, **save it**, and finally send it back via email. ***

Student Information Form

Student Name (*The Student*): _____ Age: _____ DOB (m/d/yyyy): _____

Address:

Street: _____

City: _____ State: _____ Zip: _____

Guardian 1 (Emergency Contact 1)

Name: _____ Relation to Student: _____

Phone: _____ Email: _____

Guardian 2 (Emergency Contact 2)

Name: _____ Relation to Student: _____

Phone: _____ Email: _____

Student Shirt Size: _____ Youth or Adult: _____ Right or Left Handed: _____
(xs/s/m/l/xl/xxl) (Y/A) (R/L)

In which program/activity is the student initially interested? _____

How long has the student been playing golf? _____

Is the student currently taking golf lessons (with who)? _____

Does the student have clubs that are fit to his/her height? _____

What school does the student attend? _____

Why does the student want to attend the program/activity?

Why does the Guardian want the student to attend the program/activity?

How did you hear about us? (If it was someone specific, please let us know who.)

Parent/Guardian/Participant Signature /s/ _____ Date _____

(If participant is under the age of 18, parent/legal guardian signature) (m/d/yyyy)

*By entering your name electronically it will be accepted as your legal signature for these documents.

Waiver of Liability

In consideration of being allowed to participate in any way in the services provided by Kevics LLC, Bob Moore's Sport Center, any golf course, other facilities, and the staff, employees, independent contractors (*Service Providers*) related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in these sport events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for participation of (*The Student*) _____; and
3. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during the presence or participation of The Student, I will remove The Student from participation and bring such to the attention of the Service Providers immediately; and
4. I understand that if The Student is to be a passenger in any form of vehicle while traveling to and/or from or during any Service Providers related activities, I assume all liability insurance coverage; and
5. I, for The Student and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold The Service Providers, and their officers, officials, agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releases") harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

Assumption of Risk

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that The Student has no medical condition or impairment that might inhibit safe and active participation in the services provided. In addition, I understand that the Service Providers do not provide medical insurance coverage for service participants and that any applicable medical insurance must be provided individually by such participants. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, the Service Providers have permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not the Service Providers, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian/Participant Signature /s/ _____ Date _____

(If participant is under the age of 18, parent/legal guardian signature)

(m/d/yyyy)

*By entering your name electronically it will be accepted as your legal signature for these documents.

