



RELEASE OF LIABILITY

I _____ release the Cheboygan County Junior Golf Academy Foundation of any liability regarding my son/daughter _____.
From any accident or injury that may occur on the premises of the golf course or during any event.

In case of emergency, please contact:

Name: _____ Phone _____

Name: _____ Phone _____

Doctor's Name: _____ Phone _____

Hospital to be taken to in case of emergency: _____

Does your child have any medical condition that we should know about? Yes _____ No _____

If yes, please explain: _____

Questions: _____

Signature: _____ Date: _____