



Par School of Golf at The Bridges Golf Club Parent Consent Form

I, the undersigned, give permission for my child _____ to participate in the Par School of Golf at The Bridges Golf Club. I understand the nature of sports activities and the minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I give permission for my child to go out on the golf course with or without supervision, as determined by the Director of the Par School of Golf. I understand this will be based on my child's ability to keep up with the pace of play, understanding of the rules and etiquette and general behavior and responsibility. I agree to relieve The Bridges Golf Club, its owners and employees from any liability in connection with any injury to my child in connection with my child's participation.

I, the undersigned parent of _____, a minor, do hereby authorize the Par School of Golf and The Bridges Golf Club as agents for the under-signed to consent to X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or specialized supervision of any physician licensed under the provisions of the Medical Practice Act on the staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital. It is understood that this authorization is given in advance of any such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective for the duration of the program, unless revoked sooner in writing and delivered to the Director of the Par School of Golf.

I understand that the program carries no insurance. I understand that I will be responsible for equipment provided by the program and that all equipment remains the property of the Par School of Golf.

I agree to allow the use of any photographs and or images of my child participating in the program or any sponsored event for any promotional and/or marketing materials.

Persons authorized to pick up my child are:

Name _____ Phone _____

Name _____ Phone _____

Signature of Parent or Legal Guardian _____ Date _____