

A MAIZING G o l f

Adult Practice Sessions Waiver Form

GOLF	Summer 2019
<p>Amazing Golf Payment/ Waiver Form: Your reservation is not Finalized until we receive this form with payment. Please fill out & return with Cash or Check payable to Sheryl Maize at: Crystal Lake Golf Course Attn: Sheryl Maize 16725 Innsbrook Dr. Lakeville, MN 55044</p>	

Junior Golfer Info	
First Name	Last Name

Amazing Golf Youth Programs Check box of Program attending			
✓	Program	Date/Lesson Times	Cost
✓	Full Swing	Saturday May 18 at 8:30 - 10:00 am	\$75.00
	Short Game	Saturday May 25 at 8:30 - 10:00 am	\$75.00
	Full Swing	Saturday June 1 at 8:30 - 10:00 am	\$75.00
	Short Game	Saturday June 15 at 8:30 - 10:00 am	\$75.00
	Full Swing	Saturday June 29 at 8:30 - 10:00 am	\$75.00
	Short Game	Saturday July 13 at 8:30 - 10:00 am	\$75.00
	Full Swing	Saturday July 20 at 8:30 - 10:00 am	\$75.00
	Short Game	Saturday July 27 at 8:30 - 10:00 am	\$75.00

Medical History
Please list any medical conditions or injuries that may limit the athlete's participation <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

Refund/Cancellation Policy

Enclosed is the enrollment fee paid in full for the above named athlete. I understand that my entire fee, less a \$20 non-refundable processing fee, will be refunded if such athlete cancels enrollment prior to the program beginning. I understand that once the program has begun my entire enrollment fee is non-refundable. I further understand there will be no refund or credit for days unattended by the athlete. Sheryl Maize reserves the right to cancel any program offerings or decline any application.

Consent Form

I acknowledge that by signing this document for my son's/daughter's (athlete) participation in the Amaizing Golf Program/Camp/LPGA Girls Events I release Sheryl Maize and any of her staff from liability. I have been advised to read it carefully before signing. I understand that Amaizing Golf Programs/Camps/LPGA Girls Events involves participation in strenuous physical activity and the use of exercise/golf equipment and that physical injury may result. The athlete has no physical or medical condition which to my knowledge would endanger the athlete or others during participation. I consent to allow Sheryl Maize/Amaizing Golf to use my child's picture/likeness for future advertising/promotion or on social media.

Waiver and Release Form Liability

I agree not to bring any claim, demand, and/or cause of action of any nature whatsoever against Sheryl Maize, or any member, officer, employee or agent for any loss, damages, and injuries including: 1) any known and unknown, foreseen and unforeseen bodily injury, 2) loss of life, and 3) any attorney's fees at trial and appellate levels, and costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from the athlete's participation in or association with Sheryl Maize or Amaizing Golf. By participating in Amaizing Golf Programs/Camps/LPGA Girls events, you acknowledge and agree that your pre and post data may be used for scientific research and your photo may be uses in future promotional materials.

Indemnity

Further, I will indemnify and hold harmless Sheryl Maize/Amaizing Golf or any member,helper, employee or agent from and against any claim, demand, and/or cause of action of any nature whatsoever, brought by or on behalf of the Athlete or any member of the Athlete's family, including, but not limited to the Athlete's mother, father, brother, sister, or grandparents, or any lawful blood descendants of the Athlete for any loss, damages, and injuries including: 1) any known and unknown, foreseen and unforeseen bodily injury, 2) loss of life, and 3) any attorney's fees at trial and appellate levels, and costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from the athlete's participation in or association with the Amaizing Golf Programs/Camps/LPGA Girls Golf events. This agreement is binding upon my heirs, successors, or assignees. It may not be modified orally and a waiver of any provision shall not be construed as a modification of any other provision herein or as consent to any subsequent waiver or modification.

I UNDERSTAND THAT THIS CONSENT CAN BE REVOKED AT ANY TIME IN WRITING EXCEPT TO THE EXTENT Sheryl Maize and Amaizing Golf HAS RELIED ON IT.

Release/Waiver Signature		
Signature (Participant)	Print Name (Participant)	Date
Signature (Legal Guardian)	Print Name (Legal Guardian)	Date

Payment Information		
Payment Type	Cash Check # _____	Amount:
Please make checks payable to Sheryl Maize		