

Golf Camp Waiver and Release of Liability

Disclaimer: Bella Vista Golf Clinic is not responsible for any injury or loss of property occurring as a result of playing, practicing, participating in, or any other involvement a person may have in Bella Vista Golf Clinic for any reason whatsoever, including negligence on the part of the Bella Vista POA, its agents or employees.

In consideration of my child's participation, I hereby release the Bella Vista POA, Bella Vista Golf Clinic, and any of their employees, instructors, and/or agents from any and all present and future claims resulting from negligence on the part of the Bella Vista POA, Bella Vista Golf Clinic, and their employees, instructors, and/or agents for property damage, personal injury, or wrongful death, arising as a result of my child engaging in or receiving instruction in Bella Vista Golf Clinic activities. I hereby voluntarily waive any and all claims resulting from negligence, both present and future, that may be made by my child, myself, or any other family member. **NOTE:** Your child will not be allowed to participate without this signed consent form.

Signature of Parent/Guardian Date

Witness Relationship Date

Photo Release For Minor Child

I hereby grant Bella Vista Property Owners Association (hereinafter "BVPOA") the absolute right and permission, with respect to any photographs taken in which my minor child appears, to use or publish the photos in any way, in any medium, and for any purpose (including promotion and advertising), and to use my minor child's name in connection therewith. I hereby release and discharge BVPOA from any claims arising from said use, including claims for libel and invasion of privacy.

I have read the foregoing and fully understand and agree to the contents of this Release.

Minor Child's Printed Name

Signature of Parent/Guardian Date

Authorization for Emergency Care

I hereby authorize any physician, surgeon or dentist on the medical staff of the nearest medical facility in Arkansas, to administer any emergency treatment, procedure or medicine necessary or advisable for my child. I also authorize Bella Vista Golf Staff to secure the use of an ambulance, if necessary, for transporting my child to the hospital.

Signature of Parent/Guardian Date

My child has the following medical conditions or allergies in which medical staff should be made aware of:

In case of an emergency, please contact:

Name No. 1 Phone No.

Name No. 2 Phone No.

Insurance Release

Check the appropriate blank and complete information in item 1, if applicable.

____ 1. This is to certify that my child is covered by the following hospital insurance:

Name of Company Policy Number

And has my permission to participate in all Bella Vista Golf Clinic sponsored activities. It is agreed that the Bella Vista Golf Clinic Program and staff are released of all liability in the event of injury.

____ 2. This is to certify that we have **No Insurance** policy that will cover my child. However he/she has my permission to participate in all Bella Vista Golf Clinic sponsored activities. It is further agreed that the Golf Clinic Program and staff are released of all liability in the event of injury.

Signature of Parent/Guardian Date



Sign Kids Up Now!

BELLA
VISTA 

Jr. Golf Clinic

AGES 6-18

2019 CLINIC DATES

June 24-29 / July 15-20

Clinic Hours: 9 a.m. - noon
At Highlands Driving Range



CLINIC FEE: \$125

Bella Vista POA Golf Division, (479) 855-5079

2019 Bella Vista Jr. Golf Clinic

is **four days** of intensive golf training taught by Bella Vista golf professionals and staff.

The first three days of the Clinic will be held at the Highlands Driving Range, which provides a great golf instruction platform, with a putting green, chipping area, practice bunker and grass lesson tee. The last day will be held at Kingsdale for golf, pool and pizza party.

- Junior Golfers should bring their own set of clubs each day.

**For more information,
call (479) 855-5079**



BellaVistaPOA.com

Jr. Golf Clinic Registration Summer 2019



Name of Juniors: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Name of Parents: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone No: _____

Cell Phone No.: _____

Clinic Dates: (Please check month attending clinic.)

_____ **June 24, 26, 28, 29**

_____ **July 15, 17, 19, 20**

Mail registration form and payment to:

Bella Vista POA
Golf Division
98 Clubhouse Drive
Bella Vista, AR 72715

Clinic Fee: \$125 per junior

POA Member No.: _____
(if applicable)

_____ Name of Person Making Payment

_____ Address (If same as Jr. Golfer, write same)

_____ Home Phone No.

Method of Payment:

Check (payable to "Bella Vista POA")

Cash

Credit Card

Credit Card No. _____

Exp. Date: ____/____ CVV Code: _____

_____ Signature