



Tennessee Women's Golf Clinic

Sunday, October 2nd

Check-in at 3:30pm

Clinic: 4pm-5:30pm

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Date Of Birth: _____

Email: _____

Emergency Contact Info:

Name: _____ Phone: _____

Alternate Name: _____ Phone: _____

WARNING STATEMENT & WAIVER AND RELEASE

Participating in golf clinics requires an acceptance of risk of injury. The University of Tennessee has taken reasonable precautions to minimize the risk of significant injury by providing competent coaching and instructions, well-maintained equipment and facilities, proper conditioning and good medical care.

The chances of a participant sustaining a catastrophic sports injury are extremely remote, yet understand that serious injuries can happen to anyone.

With this understanding, the undersigned do hereby WAIVE and RELEASE the University of Tennessee, faculty, and staff, from all liability, arising out of any sickness or injury, including death that may occur while participating.

STUDENT ' S NAME (please print) _____

STUDENT ' S SIGNATURE _____

DATE _____

PARENT ' S NAME (please print) _____

PARENT ' S SIGNATURE _____

DATE _____

(PLEASE MAKE SURE THAT YOU HAVE SIGNED THIS FORM PROPERLY – PARENT ' S NAME MUST BE PRINTED ONE TIME AND SIGNED TWO TIMES - STUDENT=S NAME MUST BE PRINTED ONE TIME AND SIGNED ONE TIME)

- IF THIS FORM IS NOT SIGNED PROPERLY, THE STUDENT WILL BE NOT ADMITTED TO CAMP –