Lindenwood Golf Club Junior Executive Summer Golf Pass Parental Consent Form

As Parent/Guardian, I hereby give approval for and assume all risk and hazards incidental to such play and participation and do hereby waive, release, absolve, indemnify and agree to hold harmless Lindenwood Golf Club and all of its employees and participants. In my absence I hereby grant

permission to management personnel to obtain emergency medical care via the 911 system for my child because of illness or injury and acknowledge that I will be notified as soon as practical.			
Signature o	f Parent / Guardian	— Alto	ernate Phone
•	e the On-Line purcharson, by mail or by fa		this form to the Lindenwood Golf Shop
Lindenwood Junior Golf P.O. Box 11 McMurray, fax: (724) 7	Pass 193 PA 15317		
To Purchase	e Online, click <u>HER</u> I	<u>E</u>	
IF YOU AF	RE NOT PURCHAS	ING via our On-Line Store, y	you need to complete the information below
Student's Name			Birthdate
Address			City
State	ZIP	Day Phone #	Evening Phone #