

Term 4 2011 REGISTRATION

Registrations close 20 October



PERSONAL DETAILS

Participant Name: _____ Age: _____

School: _____ Year: _____

Parent/ Guardian name: _____ Address: _____

Contact phone number: _____ Email: _____

Are you a member of a Golf Club? Yes No Do you have a current NZGA official handicap? Yes No

How many hours do you currently play golf per week? _____ Do your family members play golf? (if so whom): _____

Where did you hear about the Institute of Golf? _____

Please list previous golf coaches if applicable: _____

PROGRAM REGISTRATION

Course Level: **Intro & Beginner**

Course: **igolf Future Stars**

tick box if attending

| Term | Fee | Duration | Program | Start Date | Day | Time | Tick to Enroll |
|------|-------|----------|--------------|---------------|----------|---------------|----------------|
| 4 | \$140 | 4 Weeks | Introduction | 5th Nov 2011 | Saturday | 8:30am-9:30am | |
| 4 | \$250 | 6 Weeks | Beginner | 31st Oct 2011 | Monday | 4pm-5pm | |

MEDICAL DETAILS

Do you have, or has a Doctor ever diagnosed you with:

Heart disease / Chest pain Bone or joint problems Sports injuries Other _____

Faint or dizzy spells Arthritis Epilepsy Other _____

High / Low blood pressure Back problems Asthma Other _____

If ticked, provide relevant details: _____

I understand the expectations placed upon me with regard to my attendance and adherence to the Institute of Golf and that any deviation from these requirements will impact the effectiveness of this programme to produce results.

INITIAL: _____

WAIVER AND RELEASE OF LIABILITY

Express assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death, injury or death due to negligence on the part of me, my training partner, or other people around me, injury or death due to improper use or failure of equipment. I am aware that any of these above mentioned risks may result in serious injury or death to me and or my partner(s).

I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class offered by Institute of Golf Ltd. I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others.

INITIAL: _____

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at the Institute of Golf, I, the undersigned hereby release the Institute of Golf, their principals, agents, employees and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participant in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effort.

If I am signing on behalf of a minor/child, I also give full permission for any person connected with the Institute of Golf to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

I surrender the right, and release the use of any photograph or video footage taken during the course of this programme for the sole use of the Institute of Golf, its staff and affiliates, to be used for future purposes, including, but not limited to advertising and marketing of future programmes.

Indemnification: I/the participant recognize that there is risk involved in the types of activities offered by the Institute of Golf. Therefore I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to my negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless the Institute of Golf, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by the Institute of Golf.

Physical contact: I/the participant give permission for physical contact by coaches for the purpose of assisting movement, kinesthetic learning and technical adjustment which increases learning capacity of students, or for safety reasons.

I have read and understood the foregoing assumption of risk and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Signed by participant (or) parent/guardian: _____ Date: _____ / _____ / _____