

MEDICAL & LIABILITY RELEASE

We the undersigned do by our signing, acknowledge that we have read, understand, and accept all terms contained herein.

The Orange Coast Optimist Club of Garden Grove (OCO) and all it's members, directors, agents, officers, owners, successors, and assignees are to be free from all liability, claims, or other forms of legal action, including cost arising therefrom, against any incident which results in or arises out of any loss, property or personal (death included), which may be sustained by the junior or myself (the undersigned) during travel to, from, or participation in, any Orange Coast Optimist Club of Garden Grove (OCO) event.

I agree to observe USGA rules and etiquette of golf to conduct myself on the golf course and in the clubhouse properly, courteously, and to follow the regulation set forth by host clubs and the Orange Coast Optimist Club of Garden Grove (OCO).

I agree to cancel all entries 7 days prior to the tournament/clinic date if unable to compete for good reason. I agree to abide by the prescribed penalties if I fail to cancel within specified time frames.

I understand that golf fees may be suspended or canceled for willful disregard of the rules, golf etiquette, or for dishonest, unsportsmanlike or unbecoming conduct.

In the event of injury or illness requiring medical attention during the course of instruction or other golf related events, I give permission to the ORANGE COAST OPTIMIST CLUB OF GARDEN GROVE (OCO) staff to act in my behalf and take those measures deemed necessary for the safety and welfare of my child.

Date: _____

Child(ren)s name: _____

Date of Birth(s): _____

Family Medical Insurance Carrier: _____

Medical Insurance Policy Number: _____

Family Doctor's Name: _____ Phone: _____

Please indicate any special health needs of the child:

Signature of Parent or Guardian

Please Print Name

Persons to notify in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____