



Participant Form

Participant Information - please print or type - ALL INFORMATION IS REQUIRED

LPGA-USGA Girls Golf of (city, state) _____
 Participant's Name _____
 Participant's Birth Date ____ / ____ / ____ Participant Email Address _____
 Address _____
 City _____ State _____ Zip _____ Home Phone (____) _____
 School _____ Grade _____ Gender - Male Female

Golfing Experience - Please check the level that best describes your ability:

- | | |
|---|--|
| <input type="checkbox"/> Level I: New Golfer - Very little or no on-course experience. | <input type="checkbox"/> Level IV: Average between 55-64 for nine holes on a regulation course. |
| <input type="checkbox"/> Level II: Able to play hole 125 yards from green. | <input type="checkbox"/> Level V: Play 18 holes with a score of 110 or better on a regulation course. |
| <input type="checkbox"/> Level III: Average between 65-75 for nine holes on a regulation course. | <input type="checkbox"/> Level VI: Play 18 holes with a score of 95 or better on a regulation course. |

Do you own your own clubs? Yes No If so, what brand? _____
 Member of High School Golf Team? Yes No Average 9 hole score _____ Average 18 hole score _____
 Other Junior Golf Program Affiliations _____

For statistical purposes only (optional):

Which of the following best describes your race or ethnic group?

- Alaskan Native / American Indian Asian / Pacific Islander Black or African American Hispanic White Other

Consent & Release - Parent or Guardian MUST sign in space indicated below for application to be considered.

Parent/Guardian Statement

I, being parent/guardian of the participant named above, am familiar with the plans and purposes of LPGA-USGA Girls Golf and give full permission for my child/ward to attend LPGA-USGA Girls Golf events and to participate in all LPGA-USGA Girls Golf activities. I understand that, by signing this Consent & Release Form below, I, my personal representatives and administrators, heirs, and next of kin agree to waive and release any and all rights and claims for damages or liability of any kind against, and hold harmless the Ladies Professional Golf Association, the LPGA Foundation, Inc., the United States Golf Association, and each of their respective affiliates, officers, directors, employees, volunteers, sponsors, workers, members and agents ("Releasees"), from and against any and all injuries, damages or any other claims or liabilities (including, without limitation, personal injury, death, or loss or damage to personal, private or other property), whether or not due to the negligent acts or omissions of Releasees, resulting from or arising out of my child's/ward's participation in LPGA-USGA Girls Golf events and activities. I further agree to indemnify and hold harmless Releasees from/against all liability they may incur due to the acts or omissions of my child/ward while present at LPGA-USGA Girls Golf programs and events. I further attest to the following:

- I will be responsible for my child's personal belongings and equipment and will not hold Releasees responsible for their loss.
- My child will treat the facilities and equipment provided by LPGA-USGA Girls Golf with care. I understand that I will be assessed for any damage to facilities or equipment caused by my child's acts or omissions.
- I understand that if my child is sent home early due to any serious misconduct, it will be at my expense, and LPGA-USGA Girls Golf will make the travel arrangements.

Dispute Resolution

I, being parent/guardian of the participant agree that Florida law shall govern any and all disputes involving the Releasees. Furthermore, in the event that a dispute arises out of or relates to my child/ward's participation in any LPGA-USGA Girls Golf program or activity, I hereby agree to settle such dispute by binding arbitration which shall be held in Daytona Beach, Volusia County, Florida, in accordance with the Commercial Arbitration Rules of the American Arbitration Association. A judgment rendered by the arbitrator(s) shall be final and non-appealable, and may be entered in any court having jurisdiction thereof.

Medical Emergency Statement

I, being parent/guardian of the participant: (i) give my permission for my child/ward to receive emergency medical treatment, if necessary, as a result of participation in any LPGA-USGA Girls Golf program(s) or activity(ies); and (ii) agree to indemnify, waive, release, covenant not to sue, and forever discharge Releasees from any and all liability or claims arising out of such treatment.

Photo & Press Release

I, being parent/guardian of the participant do hereby grant permission throughout the universe in perpetuity to Releasees to utilize my child/ward's likeness, image, voice, and/or words incidental to any pictures, television, radio, videotapes, recordings, film, the Internet, or any other form or medium now known or hereinafter devised without compensation, payment of royalties, notification, or permission. I further understand and irrevocably agree that (1) these materials will become the property of Releasees and will not be returned to me; (2) Releasees may edit, alter, copy, exhibit, publish or distribute photos for purposes of publicizing or promoting Releasees, its programs, or for any other lawful purpose; and (3) I waive any right to inspect or approve Releasees' use of my child/ward's likeness, image, voice, and/or words.

Parent/Guardian Name _____ Relationship _____
 Parent Email _____ Cell Phone (____) _____

PARENT/GUARDIAN SIGNATURE(REQUIRED): _____ Date: _____