



Campers Name: _____

2010 ADULT GOLF CAMP RELEASE AGREEMENT

I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport; and
2. FOR MYSELF, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the program's stated and customary terms and conditions for my participation. If, however, I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMINIFY, AND HOLD HARMLESS, the Program, Great River Golf Club, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used for activity ("Releasees"), with respect to any and all injury, disability, death or loss or damage to person or property, regarding my and/or arising from my activities, whether arising from negligence of the releasees or otherwise, to the fullest extent of the law.

I have read this health form and related certifications, the release of liability and assumption of risk agreement, fully understand their terms, understand that I have given up substantial right by signing it, and sign it freely and voluntarily without any inducement.

Signed: _____ Date: _____

ENROLLMENT

CANCELLATIONS/REFUNDS

No refund of the deposit or tuition balance shall be permitted except in strict conformity to the following: Student must notify "Great River Golf Club" at least one month prior to the start date of the clinic session that student will be unable to attend for any reason. Once received, a full refund will be made of all fees previously paid. Inside one month of the date of the program, student understands that he/she will lose a fee of 50% of the program tuition total. Inside 2 weeks, student will be charged in full. Student agrees that no deductions are to be made from the tuition for arriving late, leaving early, or missing any portion of a session. No refunds will be given for students dismissed for disciplinary actions or misconduct. Great River Golf Club reserves the right to dismiss, without refund, any student whose influence is deemed detrimental to the program.

MEDICAL INFORMATION

All students must have adequate medical insurance to covers all medical expenses incurred while at camp. Great River Golf Club is hereby granted permission to secure any medical and/or surgical treatment and hospital service necessary for student if needed.

PERSONAL PROPERTY

Great River Golf Club recommends that no valuable items be brought to any clinic. Great River Golf Club will not be held responsible for any type of lost or damaged personal possessions.

CONSENT

I understand these activities might have an element of risk to them, however, I release Great River Golf Club its directors, agents and staff from any legal actions or claims that I might have for the damage or injury to me or to my personal property. This agreement, and any disputes or claims against Great River Golf Club, its directors, agents and staff, shall be interpreted, governed and constrained by laws and courts of the state of Connecticut, and all legal actions shall be under the jurisdiction of the state of Connecticut.

Acceptance according to the above terms and conditions

Signed: _____ Date: _____

Mail or fax completed application to:

Great River Golf Club ■ 130 Coram Lane ■ Milford, CT 06461 ■ Attn: Golf Academy
P: (203) 876-8051 www.GreatRiverGolfClub.com F: (203) 876-7832



Campers Name: _____

2010 ADULT GOLF REGISTRATION FORM

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____ Emergency Contact Name: _____

Relationship to student: _____ Emergency Contact Number: _____

Physician's Name: _____ Address: _____ Phone: (____) _____

Please sign me up for the following program(s): *Please Check Desired Session*

Beginner Clinics – 4 Saturdays \$240 Tuition/Session :: \$200 Milford Residents

- Beginner Clinic #1 May 1, 8, 15 & 22 12:00pm – 1:00pm
- Beginner Clinic #2 June 5, 12, 19 & 26 12:00pm – 1:00pm
- Beginner Clinic #3 July 10, 17, 24 & 31 12:00pm – 1:00pm
- Beginner Clinic #4 August 7, 14, 21 & 28 12:00pm – 1:00pm

Intermediate Clinics – 4 Saturdays \$240 Tuition/Session :: \$200 Milford Residents

- Intermediate Clinic #1 May 1, 8, 15 & 22 1:00pm – 2:00pm
- Intermediate Clinic #2 June 5, 12, 19 & 26 1:00pm – 2:00pm
- Intermediate Clinic #3 July 10, 17, 24 & 31 1:00pm – 2:00pm
- Intermediate Clinic #4 August 7, 14, 21 & 28 1:00pm – 2:00pm

Men & Women Mixed After Work Clinic \$60 per session

- Clinic is held every Tuesday from May 5th – August 17th 5:30pm – 6:30pm

Gather in Monty's River Grille after clinic for complementary hors d' oeuvres & happy hour drink prices.



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2010 ADULT GOLF REGISTRATION FORM

Women’s Beginner Clinics \$240 Tuition/Session :: \$200 Milford Residents

- [] W’s Beginner Clinic #1 – Sundays May 2, 9, 16 & 23 10:00am – 11:00am
- [] W’s Beginner Clinic #2 – Sundays June 6, 13, 20 & 27 10:00am – 11:00am
- [] W’s Beginner Clinic #3 – **Wednesdays June 2, 9, 16 & 23 5:30pm – 6:30pm**
- [] W’s Beginner Clinic #4 – Sundays July 11, 18, 25 & Aug. 1 10:00am – 11:00am
- [] W’s Beginner Clinic #5 – Sundays August 8, 15, 22 & 29 10:00am – 11:00am

Women’s Intermediate Clinics \$240 Tuition/Session :: \$200 Milford Residents

- [] W’s Intermediate Clinic #1 – Sundays May 2, 9, 16 & 23 10:00am – 11:00am
- [] W’s Intermediate Clinic #2 – Sundays June 6, 13, 20 & 27 10:00am – 11:00am
- [] W’s Intermediate Clinic #3 – **Tuesdays June 8, 15, 22 & 29 5:30pm – 6:30pm**
- [] W’s Intermediate Clinic #4 – Sundays July 11, 18, 25 & Aug. 1 10:00am – 11:00am
- [] W’s Intermediate Clinic #5 – Sundays August 8, 15, 22 & 29 10:00am – 11:00am

Payment Method

Payment is due in full with completed application.

Please refer to “Terms and Agreement” regarding refunds and cancellations.

Select:

- [] Cash [] Check Payable to “Great River Golf Club” [] Credit Card*

*As of January 1, 2010 Great River no longer accepts American Express®.

CC Number: _____ Name on Card: _____

Exp Date: _____ Amount Due: _____ Date: _____