

**FRESNO-GREATER SAN JOAQUIN VALLEY JR. GOLF FOUNDATION**

**\*CENTRAL CALIFORNIA\***

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Charitable Non-Profit Corporation \*EIN: 77-0311270

**JUNIOR GOLF CLINIC CONSENT AND RELEASE**

As consideration for permission to participate in a junior golf clinic, or such other junior golf activity in connection therewith, to be conducted by the FRESNO-GREATER SAN JOAQUIN VALLEY JR. GOLF FOUNDATION of Central California, a California Non-profit Charitable Corporation, (hereinafter "FOUNDATION"), at the JUNIOR GOLF LEARNING CENTER (hereinafter "CENTER"),1604 S. Teilman, Fresno, CA 93706

beginning date: \_\_\_\_\_

The undersigned agrees to waive any claim or claims that he or she may have against the FOUNDATION/CENTER, its officers, directors, agents, assistants, representatives, invitees, volunteers, committee and employees, arising out of any injury of any kind or character that he or she may suffer in connection with said clinic participation. Insofar as the undersigned as a parent/guardian has authority to do, the undersigned waives any claim that his or her child or children may have against said FOUNDATION and/or CLINIC, its officers, directors, agents, assistants, representatives, invitees, volunteers, committee and employees, arising out of the participation of his or her child or children in said clinic at the CENTER, or elsewhere, or such other activity in connection therewith.

In addition, the undersigned agrees to hold said FOUNDATION/CENTER its officers, directors, agents, assistants, representatives, invitees, volunteers, committee and employees harmless from any claim or claims that may be asserted against them by any of his/her said child or children arising out of any claim or claims of any kind or character that such child or children might seek to assert against them predicated upon his/her participation in said clinic or such other activity in connection therewith.

DATED: \_\_\_\_\_ PLEASE PRINT NAME AND AGE OF CHILD/CHILDREN

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

(x) \_\_\_\_\_

(x Signature parent/guardian)

\_\_\_\_\_  
(print name/address/phone

Phone: \_\_\_\_\_ (cell: \_\_\_\_\_

\_\_\_\_\_  
3-mail – if available (please print)

Please return by mail/fax/or e-mail (see above letterhead)