

Department of Parks & Recreation-Golf Division

Participant's Waiver of Claim & Indemnity Agreement for County's Summer Fun Golf Program

Indicate which session you will be participating in:

*Session 1-June 12-22, 2018 ____ ; *Session 2-June 25-July 6, 2018 ____ ; Session 3-July 9-20, 2018 ____
(*No lessons will occur on Wednesday, June 20th, and Independence Day, Wednesday, July 4th)

For and in consideration of the County's providing the above-mentioned program, we, the undersigned, jointly, individually and in any representative or legal capacity, on behalf of our respective selves, heirs, executors and/or administrators, do hereby waive, release, discharge and agree to hold harmless and indemnify the County of Kauai, its officers, employees and agents, individually and in their official capacity, from all liability or loss of any claim for death, injury, or damage to property resulting directly or indirectly from the undersigned participant's participation in the program. We further avow that our aforesaid waiver, release, discharge and agreement shall be applicable to any owner of a facility and/or property at or upon which the program is held.

Print the parent(s) or legal guardian(s) name(s) & phone number(s) of the child being registered: (If you are not the parent(s) or legal guardian(s), you must attach a Power-of-Attorney or notarized document stating your legal authorization to sign on behalf of the parent(s) or legal guardian(s).)

Print Name of Person Signing _____ Signature of Person Signing _____ Date _____
Home phone number: _____ Business phone number: _____

Please Print

Name of Participant

_____ M _____ F
Last First Middle

Address _____ street city state zip code

Birthdate _____ Age _____ Telephone _____
(Home) _____ (Cell) _____

Emergency Contact _____

Relationship _____

Emergency Phone Number(s) _____

Family Doctor _____ Phone Number _____

Medical Conditions (allergies to food/medication, asthma, diabetes, etc): _____

Program Modification: Does your child need an accommodation due to a disability? Yes ___ No ___

Does your child receive individualized support during the school year? Yes ___ No ___

If yes, please specify the type of support: Physical Cognitive Behavioral

Authorized for Pick Up:

Name Phone # Relationship:

Additional Information (starting late due to summer school, vacations, etc.) _____

Registration Fee is \$35.00 per child/per session: (amt paid _____ by cash _____ check# _____)