Gabriola Golf & Country Club

Box 239, Gabriola, VOR 1X0 (250) 247-8822



Registration Form

Program Name:	Junior Golf Lessons : 4 - 1 hour sessions for \$25				
Participant's Name:			(circle	^{one)} M / F / Other	
(If you do not live on Gabriola	year round, please w	rite both your local address and yo	ur off island address)		
Emergency Contact					
1. Name:		Phone: (home) (work)			
2. Name:		Phone: (home)	(work)	(work)	
8. Family Doctor: Phone:					
be aware of. Please not		edical conditions, medicati S WILL NOT ADMINISTE e event of an emergency.			
5 5	51 5	our child up including par rticipants unless their name appea	0		
Name:	Phone:	Name:		Phone:	
Name:	Phone:	Name: _		Phone:	
Signature:			Date:		

	Gabriola Golf & Country Club 825 South Road, Gabriola www.gabriolagolf.com
	ASSUMPTION OF RISK and PERMISSION AGREEMENT
	BY SIGNING THIS DOCUMENT, YOU AND YOUR CHILD'S LEGAL RIGHTS MAY BE AFFECTED.
	PLEASE READ CAREFULLY
	INITIALS
	For the sake of this document, a child is defined as a minor under the age of 19
I,	(Full Name)
Resi	ding at, (Home address)
Here	by acknowledge, understand and agree that:
l am	the parent or guardian of
	(participant's full name)
born	 (DOB)
With	my permission, my child will be participating in
	(program name)
for th	ne dates of
	(please state the date/s you will participate- ex July xx-August xx, 2020)

CHILD

I understand that my child cannot participate in the program unless and until I sign this **ASSUMPTION OF RISK and PERMISSION AGREEMENT.**

RISKS AND HAZARDS: Participation in the program may expose my child to many risks and hazards, some of which are foreseeable, some of which are not, some of which are inherent in the nature of the program, and some of which may rise from human error or negligence. These risks and hazards may include but are not limited to;

Falls to the ground or into water, collisions with other participants or equipment, misuse of equipment, variations in weather or temperature resulting in heatstroke, sunstroke or hypothermia, insect bites, exposure to wildlife, adverse plants such as stinging nettle or thorns, hazardous bystanders, impact, or injury, and may result in serious physical injury even death, infections, and/or loss or destruction of property.

Participation in the program may also expose my child to COVID-19 or other infectious illness. Participants experiencing symptoms of illness should not attend programs. The risk remains, however, that despite the best efforts of the Gabriola Recreation Society, its directors, officers, employees, instructors, volunteers or members of GRS and my cooperation and that of my child, spread of illness could occur.

In consideration of GRS allowing my child to participate in the program, I agree:

- To assume all risks arising out of, or associated with, or relating to my child's participation in the program even though such risks may have been caused by the negligence of GRS;
- To be solely responsible for any injury, loss or damage which my child might sustain while participating in the program even though such injury, loss or damage may have been caused by the negligence of GRS.

I have carefully read and fully understand the terms of this **ASSUMPTION OF RISK and PERMISSION AGREEMENT** and by signing it voluntarily, I am agreeing to its terms. The **ASSUMPTION OF RISK and PERMISSION AGREEMENT** is a legal document and is binding on me as well as upon my heirs, executors, representatives and assigns.

I have discussed the **RISKS AND HAZARDS** with my child.

Signed at	, BC, this	day of	, 20
Parent signature:			
Parent Name:		(printed)	
Witness signature:			_
Witness name:		(printed)	_