**MGA Adaptive Clinic Information:**

**(Please Circle Days Of Attendance)**

**Dates:** 9/5, 9/12, 9/26 (**Rain Date:** 10/1/24)

**Time:** 4:30pm-6pm

**Mohansic Golf Course Address:** 1500 Baldwin Rd, Yorktown Heights, NY 10598655 Merrick Ave, Westbury, NY 11590

**Dress code:** Golf Attire/Outdoor Attire and Appropriate Shoes.

**Contact:** Ryan Kayton - ryan.kayton@mgagolf.org or (631) 300-7133

1. **Personal Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role (Please select one):**

- [ ] Volunteer

- [ ] Golf Instructor

- [ ] Golf Participant

**\*\*If Golf Participant:**

Golf Skill Level (Please select one):

 - [ ] First Day

 - [ ] Beginner

 - [ ] Intermediate

 - [ ] Advanced

Height? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Right or Left Handed? \_\_\_\_\_\_\_\_\_\_\_\_\_

Communicates (Please select all that apply)

 - [ ] Verbally

 - [ ] with Pictures

 - [ ] with a Device

 - [ ] Sign Language

Receptive Language Capability (Please select one):

 - [ ] Full Sentences

 - [ ] 1-2 Words

 - [ ] Gestures Only

Additional Information Golf Instructor Should Know:

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1. **Release Waiver of Liability & Assumption of Risk (REQUIRED FOR EVERYONE)**

I am aware of the risks associated with playing golf, which could cause me to sustain life-threatening injuries. Golf carries risks and dangers that can be brought on by my own acts, my inaction, the actions of other players, or both. I might not be aware of all the potential causes and effects of participating right now, nor can I easily predict them. This document, which I signed, attests to my understanding of golf activities. I also guarantee that I will stop participating right away if the activity is unsafe for me at any point.

I thus completely accept and assume all risk, as well as all liability and obligation, for any losses, expenses, liabilities, injuries, and damages I may sustain from playing golf during the golf clinic. I understand that playing golf carries several risks, and in exchange for being allowed to play, I hereby release the MGA (Metropolitan Golf Association) Foundation, its successors, and assigns from all expenses, liabilities, claims, and actions that may result from my involvement in their golf programs. I further consent to indemnify and keep harmless the MGA Foundation, its workers, and its contractors from all claims resulting from my involvement in golf-related activities or any related activities, regardless of where, when, or how they may occur.

I acknowledge that this waiver is meant to be as comprehensive and all-encompassing as allowed by State of New York law, and I also agree that the remaining terms of the waiver will remain fully enforceable if any part of it is found to be invalid. I also consent to the State of New York serving as the forum for any judicial proceedings.

Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

If under 18, Parent or Legal Guardian’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

1. **Publicity & Promotion (OPTIONAL FOR EVERYONE)**

The MGA may arrange to promote the Adaptive Golf Clinic in any media worldwide, whether now known or hereafter developed. By this application, the participant consents to the use by the MGA, or persons authorized by the MGA, of his name, likeness, voice and references to him and photographs and other images of him and his play connected with his appearance in Adaptive Golf, or any portion(s) thereof, in connection with such promotion. The MGA may utilize the rights granted hereunder in connection with the promotion and commemoration of Adaptive Golf and future Adaptive Golf events and MGA Events.

Participant’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

If under 18, Parent or Legal Guardian’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Please return this completed form to ryan.kayton@mgagolf.org or to the MGA Foundation Office by 7/31

 Thank you for your cooperation and participation.