

Downtown Optimist Club of Meridian's 2025 Junior Golf Program

Participant's Name: _____

Parent or Guardian's Name: _____

Address: _____

Cell Phone: _____ **Secondary Phone:** _____

E-Mail Address: _____ **(MUST INCLUDE)**

Age: ____ **Date of Birth:** _____ **Male:** ____ **or Female:** ____

How did you hear about sign-ups? __ **Family/Friends** __ **Flyer** __ **Facebook** __ **Website**

DOWNTOWN OPTIMIST CLUB RELEASE FROM LIABILITY

I hereby agree to hold the *Downtown Optimist Club and its members* harmless from any liability that may arise from incidents, accidents, or sicknesses involving my child while in the care of the *Downtown Optimist Club* or during the course of the 2025 Junior Golf Program. I am fully aware and fully understand the risks that are present during this time, and I take full responsibility of any incident, accident, or sickness involving my child.

Further, the *Downtown Optimist Club* has my permission to use my child's/children's photograph publically to promote the *Downtown Optimist Club* and their youth programs. I understand that the images may be used in print publications, online publications, presentations, websites and/or social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Name of Participant: _____

Name of Parent/Guardian (Please Print): _____

Date: _____

Signature of Parent/Guardian: _____