2010 Student Application

Name:_____ Date of Birth:_____

Address:_____ City/Zip_____

Phone #_____ Email Address:_____ _____

Person who will bring/assist you with getting to course:_____ _____

Disability: _____

Special Needs: _____

Please indicate with a number, which session you want (1, 2). I would like to register for:

Session One:

___ Tuesday, June 1st - June 29th 9:00 AM
___ Tuesday, June 1st - June 29th 10:00 AM
___ Wednesday, June 2nd - June 30th 9:00 AM
___ Wednesday, June 2nd - June 30th 10:00 AM

Session Two:

___ Tuesday, July 6th - August, 10th 9:00 AM
___ Tuesday, July 6th - August 10th 10:00 AM
___ Wednesday, July 7th - August 11th 9:00 AM
___ Wednesday, July 7th - August 11th 10:00 AM

There will be no classes July 20th and July 21st due to the Fundraising Tournament.
Play Day will be Wednesday, August 18th at Broken Tee Golf Course.

Classes will be held at: **BROKEN TEE GOLF COURSE**
2101 W. Oxford Ave.
Englewood, CO 801110

Registration fee is **$30.00 for five (5),** one-hour group lessons - including range balls and equipment if necessary.
Please return Application, Registration Fee (payable to Golf 4 Fun), Liability Release and Media Release to:

Frank Martorella
5645 Bellaire Ct
Greenwood Village, CO 80121
(303) 579-7927 cell

GOLF4FUN (DS/USA) INSURANCE WAIVER,
RELEASE OF LIABILITY &
MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

In consideration of being allowed to participate in any way in GOLF4FUN (DISABLED SPORTS USA's) programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise GOLF4FUN (DS/USA) of such condition(s) and refuse to participate.

2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of the play, or the condition of premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue GOLF4FUN (DS/USA), its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X_____

Participant's Name Signature Date

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X

_____

Parent's Signature & Emergency Phone Name & Date

MEDIA RELEASE FORM

Name _____ Age _____
Male____ Female ____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this Golf4Fun (DS/USA) event. I further agree that Golf4Fun (DS/USA) may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibition, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature Date