



# MichiganTech

## Portage Lake Golf Course Season Opener One Week Golf Clinic

Tuesday, Wednesday, Friday **May 17<sup>th</sup>, 18<sup>th</sup> & 20<sup>th</sup>**

**Class size limited to 8**

**\$80 / 4 Sessions**

**Tuesday, Wednesday & Friday (5:30-7:00PM)**

New \_\_\_\_\_ Returning \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Please list any allergies or other pertinent medical conditions: \_\_\_\_\_

**Cancellation/Refund Policy:** Refunds will be issued for medical reasons only. A written verification from a physician is required. There will be no exceptions. Please retain your receipt.

### Release of Liability and Consent Form

I hereby agree that Michigan Technological University, its Board of Control, officers, employees and agents shall not be liable for injury, loss or claim he/she may sustain while participating in activities of any kind sponsored by or under the supervision of Michigan Technological University's Portage Lake Golf Course.

The undersigned hereby further consents tot Michigan Technological University and Portage Lake Golf Course's staff obtaining whatever medical treatment and/or care is deemed necessary by such staff for health and well being of the participant during the term of his/her program. This includes the consent to obtain and have administered any emergency medical or surgical treatment recommended by any physician licensed to practice medicine in the state of Michigan.

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