



MichiganTech

Portage Lake Golf Course

Golf Clinic

Every Monday & Wednesday, July 19th through July 28th

Class size limited to 8

\$80 / 4 Sessions

Mondays & Wednesdays (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: _____