## Jr. Advanced Golf Clinic 2021

June 28-July 1<sup>st</sup>, 1:00- 3:30 pm

\$129	<b>3</b> # #
Childs Name:	WILSONVILLE, OR
Age:	
Bringing golf clubs? Y / N	
Parents Name:	
Please make a check payable to Kohl Creek Golf Course fo child and mail or drop off to address below.	r \$129.00, pei
Snacks and drinks will be available to purchase, please brine have a minimum \$5 credit card purchase.	ng cash as we
RELEASE OF LIABILITY	
My child is willingly participating in a Children's Golf Clinic at Kohl Creek Course located at 30 Wilsonville, OR 97070, a subsidiary of Sandelie Golf Club, Inc. I recognize golf requires physically aware of the risk involved.	
represent and warrant that my child has no medical condition that would prevent his/her pactivity.	articipation in physica
agree to assume responsibility for risks, injury or damage known or unknown that might occ participating in the Kohl Creek Golf Clinic. I voluntarily release Kohl Creek/Sandelie Golf Club Child may sustain as a result of participation.	
have read the above release and waiver of liability and fully understand its contents. I volui contents above.	ntarily agree to its
Signature of Parent: Date:	