



Medical Authorization Form

Each player must have this form on file to compete in Jr. Tour events

Participant Name _____ **Gender** [] Male [] Female

Address _____

City _____ **State** _____ **Zip** _____

Guardian Home Phone _____ **Guardian Work Phone** _____

Age as of 8/1/08 _____ **Date of Birth** _____

Physician Name _____

Physician Phone _____

I hereby release the above named to the care of The Indianapolis Jr. Golf Foundation. Should he/she need medical attention while under such care, the Indianapolis Jr. Golf Foundation staff or another person designated by, the Indianapolis Jr. Golf Foundation has my permission to take the necessary steps to ensure his/her health and well being. The Indianapolis Jr. Golf Foundation Staff *will not* be held legally responsible for any injury or death that may result from any provided health care.

I do hereby waive, release and discharge The Indianapolis Jr. Golf Foundation, its officers, staff, employees and agents, and any of the host facilities of any and all rights and claims for damages resulting from injury of person or property, which may be sustained or suffered by the participant in connection with his/her association with or participation in any event or activity in connection with the participation's involvement with this program, or arising out of any travel to or from the various host facilities. We, the parent (s) or legal guardian, agree to above waiver and release and we join therein.

Parent/Guardian Signature _____

PRINT Parent/Guardian _____ **Date** _____

Relationship to Participant _____