



Parental / Guardian Acknowledgement of Risk, Waiver of Liability, Consent to Treat, Use of Likeness

I hereby acknowledge and accept on behalf of myself and my child the potential risk of serious injury inherent in the game of golf and its related activities and hereby release the Tennessee Golf Foundation and the collective parties listed below, as well as their affiliate entities, staff members, employees, directors, officers and contractors from all liabilities or injury associated with my child’s participation in the Tennessee Golf Foundation programs and any of its related activities or events. I hereby release and hold harmless the Tennessee Golf Foundation, Tennessee Section PGA, Tennessee Golf Association, Tennessee Junior Golf NLLC, Golf House Tennessee, Concord Park Golf Course, Beverly Park Golf Course, Knox County Parks and Recreation, Knox Area Junior Golf and all of the collective employees, agents, staff, directors, officers, contractors and shareholders of the aforementioned parties, from any and all liability from any accidents that may occur while my child is attending or participating in the Tennessee Golf Foundation’s programs, events or activities. I hereby give my consent for my child to receive medical attention and treatment in an emergency situation that the staff of the Tennessee Golf Foundation determines to be in the best interest and welfare of the child should I not be available to reasonably provide such consent either in person or by phone. I acknowledge that the parties listed above are not responsible for any lost, broken or stolen articles or personal property that my child may bring to or purchase for use at or during the Tennessee Golf Foundation programs, events or activities. I give my consent to the Tennessee Golf Foundation to film, photograph or videotape my child and to use, in perpetuity, any photos or likeness of my child, their name, voice and biographical information in all forms of media, electronic or otherwise.

Child Name (Print): _____

Parent or Legal Guardian Signature: _____

Date: _____



Media Release for Photography and Recording

I, the undersigned, do hereby consent and agree that Knox County Parks and Recreation, its employees, or agents have the right to take photographs, videotape, or digital recordings of me and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promotion. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Knox County Parks and Recreation, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Knox County Parks and Recreation is not responsible for any expense or liability incurred as a result of my participation in this photography or recording session, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Age (if minor): _____

(If under 18, parent or guardian must sign below.)

Name: _____ Date: _____

Address: _____

Phone: _____

Witness for the undersigned: _____

Signature: _____