

Participation Registration Form and Waiver

Mondays, June 12-July 24 (no class July 3) 11:30-12:30

Participant's Name: _____

Date of Birth: _____ Grade in School: _____ Ethnicity: _____

Home address: _____

Parent's Name(s): _____

Phone number: _____

Email address: _____

Program Affiliation: Lowcountry Autism Foundation Special Olympics Family Connection

I, the Participant's parent and/or legal guardian, understand the nature of The First Tee of Greater Charleston Program as well as the Participant's experience and capabilities and believe the Participant to be qualified to participate in the Program. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND HOLD HARMLESS The First Tee of Greater Charleston and its directors, officers, members, employees, contractors, volunteers and agents from and against any and all expenses, damages, claims, suits, actions, judgments, and costs, including reasonable attorneys' fees, medical bills, arising out of or in any way connected with the Participant's participation in the Program or the negligence of the Indemnities, including negligent rescue operations for the Participant. I also hereby release any photo and/or video taken of the Participant's participation during Programs to be used for marketing of The First Tee of Greater Charleston through print or online media forms.

Parent's Signature:

_____ Date: _____

To officially register for this class, please return the completed form to Program Director, Meghan Taylor, no later than Wednesday, June 8th. Forms will be accepted in a first-come, first-served basis, and the class will be capped at 8 participants.

Email: Meghan@thefirstteegreatercharleston.org

Mail: 321 Wingo Way, Suite 201, Mount Pleasant, SC 29464