# SUMMER 2020

## ONE-WEEK SESSIONS

## JUNE-JULY

# WALT DISNEY WORLD® GOLF'S JUNIOR CAMPS

JUNE 15-19
JUNE 22-26
JUNE 29-JULY 3
JULY 13-17
JULY 20-24
JULY 27-31

Join **Walt Disney World**® Golf for our series of fun, educational, PGA-instructed sessions for ages 7-17. This performance-based practice teaches skill development, performance training, and on-course management. Don't miss this magical opportunity to introduce your child or teen to the game of golf, set goals, and take his or her skills to the next level!

- **Full swing, short game, putting, and on-course learning in a fun environment**
- **Games & prizes**
- **Complimentary lunch & beverages**

**9am-2pm daily**
**$395 per weekly session**

Special rates available for Military Families, DVC Members & Cast Members!

Walt Disney World® GOLF

Operated by Arnold Palmer GOLF MANAGEMENT

**SPACE IS LIMITED, SIGN UP TODAY!**

**407-WDW-Golf**
**(407-939-4653)**
**www.golfwdw.com**

## BONUS MAGIC TIME!

**Let your kid spend extra time & receive additional instruction!**

Tuesday • Thursday
2-4pm

$60 day or $50 for multiple days

*Available to any junior golfer, not just kids in camp!*

©Disney

Walt Disney World GOLF

# JUNIOR GOLF CAMP SIGNUP FORM SUMMER 2020

Which Session(s) of Camp? ☐ June 15-19 ☐ June 22-26 ☐ June 29-July 3 ☐ July 13-17

☐ July 20-24 ☐ July 27-31 ☐ Magic Time date(s) _____

Junior's Name: _____

Date of Birth & Age _____

Address _____

School Name & Grade _____

Parents' Names _____

Home Phone _____

Cell Phone _____

Email Address _____

Special Notes/Comments _____

_____

How did you hear about the Camp? ☐ Orlando Sentinel ☐ Disney's Eyes and Ears ☐ golfwdw.com web page

☐ Friend Referral ☐ Facebook ☐ Email

☐ Other: _____

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**Continued on next page - please be sure to complete entire document!**

Please return this form by email to: mschlager@palmergolf.com

Walt Disney World GOLF

# JUNIOR GOLF RELEASE FORM

Operated by Arnold Palmer GOLF MANAGEMENT

## CENTURY APGM, LLC DBA WALT DISNEY WORLD GOLF (THE "COURSE")
## Medical Information – Minor/Participant

Known allergies/sensitivities: _____

Current medications and dosage amounts*: _____

Current medical conditions: _____

Additional information relevant to care, including medical history or special conditions/needs:

_____

Name of physician: _____ Phone: _____

Names of people to whom Participant may be released **(must be at least 16 years old and ID will be required)**:

Name: _____ Phone: _____

Name: _____ Phone: _____

***if child needs medication during the Activity/Event, a completed Consent to Administer Medication form is required**

## ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION AGREEMENT

**Assumption of Risk:** Representative and Participant are aware that the Activity/Event involves inherent risks, dangers, and hazards that can result in serious personal injury or death. Representative and Participant are also aware that the Course facilities and/or equipment contain dangers and can cause serious injury or death. **Representative and Participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity/Event, including injury or death that results from the Course's negligence, design of the facility and/or equipment, or from any third party.**

**Release and Indemnity:** In exchange for the Course allowing Participant to participate in the Activity, **Representative, individually and on behalf of Participant as well as any respective family members, heirs beneficiaries, assigns and all parties claiming by, through or under either Representative or Participant, does hereby RELEASE, INDEMNIFY AND HOLD HARMLESS the Course, its parent, affiliated and subsidiary companies as well as all of their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests from all liability for any injury, death, loss or damage connected in any way whatsoever to Participant's participation in the Activity/Event, including that which may result, directly or indirectly, in whole or in part, from the negligence or willful misconduct of the Course or any third party, or from the design of the facility and/or equipment, whether on or off the Course's premises and including any transportation.**

**Medical Consent:** Representative hereby gives consent to the Course to obtain all emergency medical care and transportation in order to obtain treatment in the event of injury, as the Course may deem appropriate, and Representative hereby accepts full responsibility for the payment of all costs for same. **The release, indemnity and hold harmless provisions set forth hereinabove shall extend to any damage or loss arising out of the medical treatment and transportation provided in the event of an emergency, including the negligent acts or omissions of any health care providers, their agents, employees or representatives.**

**Property Loss:** All personal property brought to the Activity is brought at the sole risk of the Participant as to its theft, damage or loss.

**Photograph Release**. Representative hereby grants permission to and releases the Course to use, without limitation or obligation, photographs, film footage or tape recordings that may include Participant's image or voice for purposes of promoting the Course's programs.

**Severability:** Any provision or portion of this Agreement found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

**Representative hereby executes this Agreement on behalf of Representative and Participant.**

Signature of Representative: _____ Date: _____