FALL 2026

- Full swing, short game, putting and on-course learning
- Fun environment
- Games & prizes

WALT DISNEY WORLD® GOLF JUNIOR CLINICS

Join ***Walt Disney World*® Golf** for our series of fun, educational, PGA-instructed sessions for kids age 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!

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

• SEPTEMBER •

ON-COURSE COACHING & PLAY
WEDNESDAYS 5-6:30pm
Sep 2, 9, 16, 23
$295+tax • $245+tax DVC, Military, Cast

SKILLS DEVELOPMENT
SATURDAYS 1-2pm
Sep 5, 12, 19, 26
$175+tax • $150+tax DVC, Military, Cast

• OCTOBER •

ON-COURSE
WEDNESDAYS 5-6:30pm
Oct 7, 14, 21, 28
$295+tax • $245+tax DVC, Military, Cast

SKILLS DEVELOPMENT
SATURDAYS 1-2pm
Oct 10, 17, 24, 31
$175+tax • $150+tax DVC, Military, Cast

• NOVEMBER •

ON-COURSE
WEDNESDAYS 4:30-6pm
Nov 4, 11, 18, Dec 2
$295+tax • $245+tax DVC, Military, Cast

FRIDAYS 4:30-6pm
Nov 6, 13, 20, Dec 4
$295+tax • $245+tax DVC, Military, Cast

SKILLS DEVELOPMENT
SATURDAYS 1-2pm
Nov 7, 14, 21, Dec 5
$175+tax • $150+tax DVC, Military, Cast

Walt Disney World® GOLF

JUNIOR CLINIC SIGNUP FORM

FALL 2026

JUNIOR'S NAME _____

DATE OF BIRTH _____

AGE _____

SCHOOL NAME & GRADE _____

ADDRESS _____

_____

PARENTS' NAMES _____

HOME PHONE _____

CELL PHONE _____

EMAIL ADDRESS _____

SPECIAL NOTES/COMMENTS

_____

_____

HOW DID YOU HEAR ABOUT OUR JUNIOR GOLF PROGRAM?

☐ Email ☐ golfwdw.com ☐ Friend Referral ☐ Facebook

☐ Other _____

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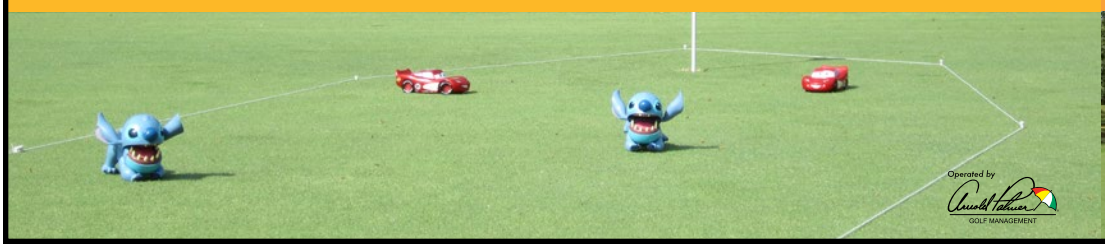
CONTINUED ON NEXT PAGE. Complete entire document and return to mschlager@palmergolf.com



GOLF RELEASE FORM

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: _____

*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:** _____