

# 2024 Greg Kuertz Memorial FREE Junior Golf Clinic

Noon – 1:30PM April 20, 2024

The golf professionals at Mentel Memorial Golf Course are offering a free junior golf clinic to anyone ages 6-15. Come learn how to Drive, Chip & Putt for free!

Clubs will be provided at no cost for anyone that needs them.

Please call Scott Pealer, PGA 614-452-2076 if you have any questions.

GREG KUERTZ MEMORIAL FREE JUNIOR CLINIC REGISTRATION WAIVER APRIL 20, 2024

CAMPER NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CAMPER T-SHIRT SIZE \_\_\_\_\_

HAVE CLUBS? Check one  YES  NO IF YES, LEFT-HANDED  OR RIGHT-HANDED

MAIL TO: MENDEL MEMORIAL GC 6005 ALKIRE RD. GALLOWAY, OH 43119

IN CASE OF EMERGENCY:

\_\_\_\_\_ I (PARENT NAME) UNDERSTAND THAT BY SIGNING THIS APPLICATION, I CERTIFY THAT ALL THE ABOVE INFORMATION IS CORRECT AND THAT THE PERSON IS PHYSICALLY FIT TO COMPETE IN GOLF. ALSO BY SIGNING, I DO HEREBY, FOR MYSELF, EXECUTORS, ADMINISTRATORS AND PERSONS, WAIVE RELEASE AND FOREVER DISCHARGE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES, WHICH MAY OCCUR, OR WHICH MAY HEREAFTER OCCUR, TO THE PERSON OR AGAINST THE COLUMBUS RECREATION AND PARKS DEPARTMENT VOLUNTEERS, RESPECTIVE OFFICERS OF THE CITY, MENDEL MEMORIAL GOLF COURSE, GREG POSTON PRO SHOP AND ALL PERSONNEL AND/OR ASSIGNED, FOR ANY AND ALL DAMAGES, WHICH MAY BE ATTAINED BY THE ATHLETE  
\_\_\_\_\_ (CAMPERS NAME)



## PHOTOGRAPHY/VIDEOTAPING AUTHORIZATION, WAIVER AND RELEASE

The undersigned hereby acknowledges and grants the City of Columbus permission to use their likeness in a photograph or video in any and all of its publications, including websites and social media pages, without payment or any other consideration.

The undersigned agrees that these photos/videos are the property of the City of Columbus.

The undersigned hereby irrevocably authorizes the City of Columbus to edit, alter, copy, exhibit, publish or distribute the photo/video for purposes of publicizing the City of Columbus's programs or for any other lawful purpose. In addition, the undersigned waives the right to inspect or approve the finished product, including, written or electronic copy, wherein their likeness appears.

Please sign below:

\_\_\_\_\_ PARTICIPANT NAME

\_\_\_\_\_ PARENT/GUARDIAN NAME

\_\_\_\_\_ SIGNATURE

\_\_\_\_\_ DATE