

Castlewood Golf Course



Parental Consent Form

Each member under the age of 18 must have their parent or guardian read and sign this form before any authorized participation in league activities can take place.

I am aware that participating in the above-listed sport can be a dangerous activity with risk of injury. I understand that my son/daughter's participation in the following activity could lead to injuries such as, but not limited to, sprains and strains of muscles and joints, serious neck and spinal injuries, injury or impairment to other aspects of my body, general health and well-being, and in sever cases, even death. I agree to allow The Castlewood Golf Course's supervisors to treat my son/daughter in cases of emergency. Because of the potential dangers in participating, I recognize the importance of following the supervisors' instructions and adhering to all rules set forth by The Castlewood Golf Course. I hereby voluntarily release the right to hold The Castlewood Golf Course, employees and staff from any and all responsibility should injuries, losses or damages of any kind be caused by my son/daughter's participation in the above-named activity. I agree to be personally responsible for any damages to any property caused by my son/daughter's negligence or failure to follow instructions, rules and regulations.

My signature below demonstrates my understanding of all the previous information and my willingness to comply with these guidelines:

Name of Player (print): _____ Age: _____

Player Signature: _____ Date: _____

Name of Parent(s) or Guardian(s) (print): _____

Parent or Guardian Signature: _____ Date: _____
(only one parent signature is required)

Mail to:

Castlewood Golf Course
P.O. Box 578
Forest Lake, MN 55025
Email: castlewoodgolf@gmail.com