

Mulberry Golf Club LLC



GOLF CAMP APPLICATION

Name _____ Age _____ L or R _____ Own Clubs Yes No

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ E-Mail _____

In Case of Emergency Contact _____ Cell Phone _____

Request Camp Partner: Name _____ Age _____ M or F
Option

Parent or Guardian

Name _____ Cell _____ Work _____

Signature _____

SELECT FROM GOLF CAMP SCHEDULE

Select Preference

Age Group	Session	Time	1st Dates
_____	_____	_____	_____
Age Group	Session	Time	2nd Dates
_____	_____	_____	_____

You will receive confirmation

GOLF CAMP RELEASE:

Recognizing the risk and possibility of injury associated with participating in golf activities or associated activities at Mulberry Golf LLC, dba Mulberry Golf Club LLC, I, for myself and the player/ participant, hereby release, discharge and/or otherwise indemnify Mulberry Realty, LLC, Mulberry Golf LLC dba Mulberry Golf Club LLC, 5914 Wolfpen Pleasant Hill Road, Milford, Ohio 45150. Clermont County, Ohio. Mulberry Golf LLC.dba Mulberry Golf Club LLC as well as all employees and/or agents of these entities from and all claims by or on behalf of the participant, the participant's heirs, administrators and assigns as a result of participating in any activity at Mulberry Golf Club LLC. I further certify that the participant is physically fit and capable of participating in all activities required by the recreational activity and that participation will not pose a risk of physical harm to any participant. In addition, I grant permission for my child to participate in all activities.

MEDICAL RELEASE

In case of emergency during the Golf Camp or associated activities at Mulberry Golf LLC, I authorize a qualified medical physician or emergency medical personnel to take all necessary measures in the treatment of this participant.

Signatures verify that the parent (guardian) understand all of the above.

Parents (Guardian) Name _____

Parents (Guardian) Signature _____ Date _____

MULBERRY GOLF CLUB COPY