

# Sephlin Foundation

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208 North 1st West, Suite C  
REXBURG, IDAHO 83440  
(208) 757-8888  
lin@sephlin.com

## Sephlin Foundation Incorporated Waiver

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Acknowledgment of Risks

I, the undersigned parent or legal guardian, understand and acknowledge that my child's participation in the golf lessons, health and wellness programs, tournaments, and related activities provided by the Sephlin Foundation Incorporated involves inherent risks, including but not limited to:

- Physical exertion (such as walking, running, swinging a golf club, and engaging in fitness exercises).
- The use of golf equipment (including clubs, balls, and carts).
- The outdoor nature of the sport (exposure to changing weather conditions, uneven terrain, or natural hazards).
- Possible interactions with other participants (risk of collision or accidental injury).
- General risks associated with sporting activities, which may include sprains, strains, fractures, or other injuries.



I confirm that my child is physically fit and capable of participating in these activities.

### **Release of Liability**

In consideration of my child being allowed to participate in the Sephlin Foundation's Incorporated programs, I voluntarily agree to assume all risks of injury, damage, or harm that may arise from my child's participation.

I hereby release, discharge, and hold harmless the Sephlin Foundation, its directors, officers, employees, instructors, volunteers, and any associated facilities or sponsors from any and all liability, claims, demands, and causes of action that may result from injury, illness, or damage during or as a result of participation in the programs, whether caused by negligence or otherwise, except in the case of gross negligence or willful misconduct.

### **Medical Authorization**

In the event of an injury or medical emergency, I authorize the Sephlin Foundation Incorporated staff to provide appropriate medical assistance or transport my child to a medical facility. I understand that all reasonable attempts will be made to contact me, or the emergency contact provided below.

I agree that I am responsible for any costs associated with medical treatment for my child.

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_



## **Photo/Video Release**

I grant permission to the Sephlin Foundation Incorporated to take photographs or videos of my child during program activities and to use such media for promotional, educational, or fundraising purposes. These materials may be used in print, digital, or social media formats.

**Please select one:**

- I consent to the use of my child's photo/video as described.  
 I do not consent to the use of my child's photo/video.

## **Participant Agreement**

By signing below, I acknowledge that I have read and understood this waiver and release form, and I voluntarily agree to its terms.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Child's Signature (if applicable):** \_\_\_\_\_

**Date:** \_\_\_\_\_

