



Eric MacCluen Golf, LLC



Today's Date: **Sunday November 1, 2026**

Prior Participant of Applecross Golf Academy  
or First Tee - Delaware:

Yes \_\_\_\_ No \_\_\_\_

## Liv2bekind Golf Drop Waiver 2026

### Participant Information: (Please Print Legibly)

Name: \_\_\_\_\_ Gender: Female \_\_\_\_ Male \_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Ethnicity: African American \_\_\_\_ Asian – American \_\_\_\_ Caucasian \_\_\_\_ Hispanic \_\_\_\_ Native American \_\_\_\_ Pacific Islander \_\_\_\_ Other \_\_\_\_

Date of Birth: \_\_\_\_\_ School If applicable: \_\_\_\_\_ Grade: \_\_\_\_\_ Age \_\_\_\_\_

Please use separate form for each participant:

**EVENT & DATE: 2026 Liv2bekind Golf Ball Drop: Sunday, November 1, 2026**

### Parent/Guardian/Emergency Contact Information (for all but mandatory if under the age of 18):

Parent/Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

### Health Information:

Please circle any that apply: Asthma Diabetes Epilepsy Allergies Disabilities Other: \_\_\_\_\_

If I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Applecross Country Club, Eric MacCluen Golf LLC, First Tee - Delaware representatives. I hereby give permission to the medical personnel selected by Applecross Country Club, Eric MacCluen Golf LLC, First Tee - Delaware representatives to secure all advised hospitalization, medical, dental and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider, all costs shall be the responsibility of the parent or guardian.

Parent/Guardian Initials: \_\_\_\_\_

### EQUIPMENT:

I understand that any golf equipment received for use is the property of Applecross Country Club, Eric MacCluen Golf LLC, First Tee - Delaware and must be returned upon termination of program involvement.

Parent/Guardian Initials: \_\_\_\_\_

### MEDIA RELEASE:

I hereby give Applecross Country Club, Eric MacCluen Golf LLC, First Tee - Delaware and participating agencies permission to use any film, video tape, photographs of the above-mentioned minor for lawful promotional or informational purpose.

Parent/Guardian Initials: \_\_\_\_\_

I the participant (over the age of 18) and/or parent/legal guardian of the above-named youth (under the age of 18) give approval of participation in Applecross Country Club, Eric MacCluen Golf LLC, First Tee - Delaware sponsored activities. I assume all risks of injury whatsoever and agree to hold harmless the Professional Golf Association, Ladies Professional Golf Association, Applecross Country Club, Eric MacCluen Golf LLC, First Tee - Delaware, and all it's Facilities, Staff and Volunteers from claim(s) of any nature arising from any activity, including transportation, connected with this program/event. This hold harmless agreement includes, but is not limited to, any claim due to injury proximately resulting from negligence of the Professional Golf Association, Ladies Professional Golf Association, Applecross Country Club, Eric MacCluen Golf LLC, First Tee - Delaware, it's Facilities, Staff and Volunteers, LPGA and PGA Professionals, and participating agencies. I have read and understand this application and its contents and agree to support and encourage its policies.

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

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