

Golf Lesson

Pre-Assessment Form:

Personal Information:

- Name: _____
- Email: _____
- Phone: _____
- Date of Birth: _____

Golf Experience:

How long have you been playing golf?

- Less than 6 months
- 6 months to 1 year
- 1-3 years
- 3-5 years
- More than 5 years

How often do you play golf?

- Once a week
- 2-3 times a month
- Once a month
- Rarely
- Other (please specify)

What is your current handicap or average score?

What type of clubs do you currently use? (e.g., brand, model, and any customization)

Lesson Goals:

What are your primary goals for taking golf lessons?

- Improve swing mechanics
- Enhance short game (putting, chipping, pitching)
- Increase distance
- Improve accuracy
- Understand course management
- Other (please specify) _____

Are there specific areas of your game that you feel need the most improvement?

Do you have any physical limitations or health concerns that the instructor should be aware of?

Previous Instruction:

Have you taken golf lessons before?

- Yes
 - No
 - If yes, briefly describe your previous golf instruction experience and any specific methods or techniques that were emphasized.
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Additional Comments:

Is there anything else you would like to share with the instructor before the lesson?

Release of Liability:

I, the undersigned, hereby acknowledge and agree that I am voluntarily participating in golf lessons provided by JCole's Golf Academy, hereinafter referred to as "Instructor." In consideration for receiving instruction, I hereby release, discharge, and hold harmless the Instructor, their agents, employees, and representatives, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation in the golf lessons.

Assumption of Risk:

I understand and acknowledge that golf lessons involve inherent risks, including but not limited to, the risk of physical injury, property damage, and other unforeseen dangers. I voluntarily assume all risks associated with my participation in the golf lessons and agree that the Instructor shall not be liable for any injury, loss, or damage that I may sustain during or as a result of the lessons.

Medical Treatment Authorization:

I authorize the Instructor or their designated representatives to obtain medical treatment on my behalf if, in their judgment, such treatment is necessary. I agree to be responsible for any and all costs associated with such medical treatment.

Photo and Video Release:

I grant the Instructor the irrevocable and unrestricted right to use and publish photographs or videos taken during the golf lessons for promotional, educational, or any other purposes without compensation to me.

Indemnification:

I agree to indemnify and hold harmless the Instructor from any and all claims, actions, suits, costs, expenses, damages, and liabilities, including attorney fees, arising out of or related to my participation in the golf lessons.

Acknowledgment of Understanding:

I have read this release form and fully understand its contents. I am aware that by signing this release, I am waiving certain legal rights, including the right to sue. I sign this release voluntarily and without any inducement or assurance of any nature.

Participant's Name (Print): _____

Participant's Signature: _____

Date: _____

If the participant is a minor, the form should also be signed by a parent or legal guardian.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____

Remember, it's essential to consult with a legal professional to ensure that your release form is comprehensive, valid, and complies with local laws and regulations.