



Tri-County Junior Golf



LIABILITY RELEASE FORM

THE FOLLOWING RELEASE MUST BE SIGNED IF YOU ARE PARTICIPATING IN ANY JUNIOR GOLF ACTIVITIES WITH THE VILLAGES TRI-COUNTY JUNIOR GOLF, INC.

In connection with the activities of my child as a junior golfer participating in any tournament, clinic, seminar or instruction (the "Event") provided by The Villages Tri-County Junior Golf, Inc. (the "Foundation"), I agree and understand that the presence and participation of my child and/or the acceptance of modified junior golf clubs provided by the Foundation, its respective affiliates, owners, subsidiaries, employees, agents and representatives (collectively referred to as "the Indemnified Parties") may expose my child to both known and unanticipated risks of harm or injury.

In Consideration of and as a prerequisite to the participation of my child, I acknowledge that such risks exist **and I Hereby Assume All Such Risks, and Release and Discharge** the Indemnified Parties and each of them and their respective officers, directors, agents, members and employees and any other participant from any and all claims for liability for personal injury or property damage my child may suffer while participating, including, without limitation, any claim arising out of any condition of any premises used by The Villages Tri-County Junior Golf, Inc. for events or the conduct of any person, including other participants, in connection with the preparation for, supervision of or conduct of the Event or activity connected or related to it.

I Specifically Hereby Release the Indemnified Parties and each of them and their respective officers, directors, agents, members and employees and any other participant from any negligence of the Indemnified Parties or their respective officers, directors, agents, members and employees.

I Further Understand that the Indemnified Parties will not maintain insurance which will cover my child for either personal injury, property damage or medical expenses, and I accept full responsibility for the costs of treatment for any injury or damages suffered while participating as a participant in connection with the Event

I have fully informed myself of the contents of this release by reading it before signing it and agree to be bound by the terms set forth herein in consideration for performing volunteer services.

Printed Name of Participant

Birth Date

Signature

Date

Parent or Legal Guardian Signature (needed if participant is less than 18 years of age)