

# RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

## READ BEFORE SIGNING

In consideration of my minor child/ward \_\_\_\_\_ being allowed to participate in any way in the **Recovery Shot Adaptive Golf Program** and its related events and activities, I myself acknowledge, understand, and agree that:

1. Participation in the Recovery Shot Adaptive Golf Program is completely voluntary. I willingly agree to comply with the program's terms and conditions for my participation and my child's participation. If I observe any unusual, significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the nearest official immediately; and,
2. I am familiar with the Recovery Shot program and the activities in which my child will be participating and am solely responsible for determining whether my child's fitness or skill level warrants participation in the Recovery Shot program's activities. I am aware that these activities may be dangerous and involve the risk of serious injury and/or death and/or property damage. I MYSELF KNOWINGLY AND FREELY ASSUME ALL HAZARDS, DANGERS, AND RISKS, both known and unknown, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE and assume full responsibility for my participation and my child's participation in the Recovery Shot adaptive golf program and its related events and activities.
3. I myself and on behalf of my child and my/our heirs, assigns, personal representatives and next of kin, HEREBY EXPRESSLY WAIVES AND RELEASES, AND HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS, Recovery Shot, its affiliates and any of its respective officers, directors, officials, agents, employees, partners, board members, affiliates, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the Recovery Shot adaptive golf program (collectively, the "Releasees"), WITH RESPECT TO ANY AND ALL CLAIMS, CAUSES OF ACTION, DAMAGES, LOSSES AND/OR EXPENSES ARISING OUT OF OR RELATING TO ANY INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage of any kind to person or property, known or unknown, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, during or related to my participation and my child's participation in the Recovery Shot adaptive golf program, or its related events or activities, to the fullest extent permitted by law.

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I AM AT LEAST 18 YEARS OF AGE AND FOR MYSELF, MY SPOUSE, MY CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

NAME OF MINOR CHILD/WARD: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_

**EMERGENCY CONTACT AGREEMENT**

In connection with the registration of

\_\_\_\_\_ (“Participant”) to participate in the Recovery Shot adaptive golf program, the undersigned hereby instructs that the following individual be contacted in case of an emergency pertaining to the Participant, and the undersigned hereby delegates to such individual the power, duty, and authority to consent to, or approve of, any and all matters in connection with, related to, or arising from, the Participant’s participation in the Recovery Shot adaptive golf program, including all decisions relating to any professional or medical care, treatment or services that may be suggested, recommended, prescribed, or directed by a duly licensed physician or health care professional, for and during such periods or as a consequence of the Participant’s participation in the Recovery Shot adaptive golf program.

**EMERGENCY CONTACT INFORMATION**

PLEASE PRINT EMERGENCY CONTACT NAME:

\_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PARTICIPANT SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_