

RECOVERY SHOT
RELEASE AND WAIVER OF LIABILITY AGREEMENT
READ BEFORE SIGNING – ALL FIELDS MARKED * ARE REQUIRED

PARTICIPANT NAME* _____

PARTICIPANT EMAIL* _____

In consideration of the named “**Participant**” above being allowed to participate in any way in the **Recovery Shot** adaptive golf program of Ventura County, California and its related events and activities, the undersigned Participant acknowledges, understands, and agrees that:

1. Participation in the Recovery Shot adaptive golf program is completely voluntary. The Participant agrees to comply with the stated and customary terms and conditions for participation in the Recovery Shot program. If, however, the Participant observes any unusual significant hazard during his or her presence or participation, the Participant will remove himself or herself from participation and immediately bring such hazard to the attention of the participating golf course.
2. The undersigned is familiar with the Recovery Shot program and the activities in which the Participant will be participating, and the undersigned is solely responsible for determining whether his or her fitness or skill level warrants participation in the Recovery Shot program’s activities. The undersigned is aware that these activities may be dangerous and involve the risk of serious injury and/or death and/or property damage. THE UNDERSIGNED KNOWINGLY AND FREELY ASSUMES ALL HAZARDS, DANGERS, AND RISKS, both known and unknown, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE and assumes full responsibility for his or her participation in the Recovery Shot adaptive golf program and its related events and activities.
3. The undersigned, for himself or herself, and his or her respective 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 his or her participation in the Recovery Shot adaptive golf program, or its related events or activities, to the fullest extent permitted by law.

I am at least 18 years of age and have read this release and waiver of liability 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.

PARTICIPANT SIGNATURE* _____

PARTICIPANT EMAIL* _____

DATE* _____

EMERGENCY CONTACT AGREEMENT

In connection with the registration of named participant* _____ (“**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

EMERGENCY CONTACT NAME* _____

RELATIONSHIP TO PARTICIPANT* _____ **PHONE NUMBER*** _____

PARTICIPANT SIGNATURE* _____ **DATE SIGNED*** _____