

## Release of Liability

1. I authorize	to participate in the Stonebridge Country Club Jr. Golf Clinics on		
			I understand that my execution of
the Waiver and Release is a prer	equisite for participat	tion in the Event. If	urther understand that there are rusks
and dangers inherent in participa	iting in the event.		
2. I understand that in order for			to be allowed to
participate in the Event, I agree t	o assume all risks an	d to release and hold	harmless SB New Hampshire Country
Club LLC, doing business as Stone	bridge Country Club	, and its officers, me	mbers, agents, employees, assigns,
successors in interest, contractor (collectively the "Released Partie	· ·	agents), agencies, s	ponsors, officials and volunteers
persons and entities mentioned entanglements, loss of money, o result of my participation in the part of the persons or entities be maintained or controlled by ther condition or selection of course in	above, from any and r porperty damage w Event, even though the released, from dan, for consumption o route, lack of visibility their possible liability	all claims for damag which I may have, or whis liability may arise angerous or defectiv f food or alcohol by y or insufficient light y without fault. I un	e my rights and discharge all of the es for death, personal injur, legal which may hereafter accrue to me as a from negligence or carelessness on the e property or equipment owned, me or other participants, for the ing, for the presence or actions of any derstand and agree that this Waiver and
4. I understand that I am solely i	esponsible for the h	ealth and safety of	
and I acknowledge that he/she is	· ·		
	Waiver and Release s ceability thereof shal	hall be severable fro I not affect the valid	invalid, voidable or unenforceable, for m the remaining portions herein and the ity, effect, enforceability, or
6. I verify and agree that I will pa	ırticipate		
PARENT/GUARDIAN SIGNATURE		 	