

## **WAIVER AND RELEASE OF ALL CLAIMS**

### **Flagg Creek Junior League**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in the above program(s) you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program(s) including transportation services and vehicle operations, when provided.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any injuries, damages or loss, regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program(s).

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program(s) against the City of Countryside, Flagg Creek Golf Course and its officers, agents, servants, and employees.

I do hereby fully release and discharge the City of Countryside, Flagg Creek Golf Course and its officers, agents, servants and employees from any and all claims from injuries, damages, or loss which I or my minor child/ward may have or which may occur to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the City of Countryside, Flagg Creek Golf Course and its officers, agents, servants and employees from any and all claims resulting from injuries, damages or losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s).

In the event of an emergency, I authorize the City of Countryside and Flagg Creek Golf Course officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child/ward immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims, and Permission to secure treatment.

Signature of Participant 18 years & older or Parent/Guardian:

\_\_\_\_\_ Date: \_\_\_\_\_