



Waiver & Release for the Fleming Fund Junior Girls Golf Camp hosted by Wintergreen Pacific, LLC

Liability Release and Parental Consent Form

In consideration for allowing my child to participate in the Fleming Fund Junior Girls Overnight Golf Camp hosted by Wintergreen Pacific LLC from July 22-25, 2018; I, for myself and/or my child, agree to **RELEASE, forever indemnify, defend, and hold harmless** Wintergreen Pacific LLC, Pacific Group Resorts Inc. and their owners, officers, directors, volunteers, employees, golf professionals, coaches, affiliates, agents and assigns, (hereinafter referred to collectively as “RELEASEES”) from any and all loss or damage to myself or to my child or my or my child’s property resulting from the **RELEASEES’ NEGLIGENCE**. I understand that the **RELEASEES** are not responsible for the consequences of their own **NEGLIGENCE**, that is, their failure to use reasonable care in any way. I acknowledge that I am freely and expressly assuming and accepting any and all risks of property damage, personal injury and death in connection with my or my child’s participation in Fleming Fund Junior Girls Overnight Golf Camp.

Venue - I, for myself and/or my child, agree that any and all disputes under this contract and/or lawsuits arising from participation in the Fleming Fund Junior Girls Overnight Golf Camp hosted by Wintergreen Pacific, LLC or use of the facilities at Wintergreen Resort shall be litigated exclusively in the county of Nelson, VA or in the United States District Court for Virginia in District 05.

Governance/Severability - This agreement is governed by the applicable laws of the Commonwealth of Virginia. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

Parental Consent (Applicable to those under the age of 18)

I, for myself and/or my child, give consent for my child to participate in the Fleming Fund Junior Girls Overnight Golf Camp hosted by Wintergreen Pacific, LLC from July 22-25, 2018, and I execute the above liability release on their behalf.

Consent for Treatment and Allergy Restrictions

I hereby give my consent to my child to be treated by emergency medical personnel, physicians, surgeons, or any medical professional that may be needed in case of sudden illness or injury. It is understood that Wintergreen Pacific, LLC’s Insurance will not be liable for such treatment and the cost of thereof will be at my expense.

Please provide Allergy Restrictions and/or medications below:

Allergy: _____

Medications & Pertinent Information: _____

I have read and understand the foregoing registration liability release and parental consent form, and voluntarily agree to all terms and conditions.

Parent/Guardian Signature Print Name Date _____

Parent/Guardian Signature Print Name Date _____