

**STOWE JUNIOR GOLF PROGRAM 2009 REGISTRATION
EXPRESS ASSUMPTION OF RISKS and INDEMNITY AGREEMENT**

CHILD'S NAME: AGE: _____

PARENT'S NAME: _____ Enclosed \$ cash/check (circle one)

ADDRESS: _____

PHONE #: (H) _____ (B) _____ Other _____

IN CASE OF EMERGENCY CONTACT (if different from parents): _____ Phone No. _____

Child will be playing in the tournament on the last day of play. YES / NO

Child will need clubs. YES / NO (circle one) If yes, circle right handed or left handed?

Does child take any medication? If yes, what?

Does child have allergies? If yes, what?

What is the allergic reaction?

MEDICAL EMERGENCY RELEASE

I grant Stowe Country Club and its employees and/or agents permission to act in my stead in the event that my child is injured and/or requires medical attention, and may consent to and/or provide such care. I agree to be financially responsible for any and all medical expenses that are incurred.

EXPRESS ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

I understand and accept that there are certain inherent and other risks and dangers associated with the sport of golf and the use of the golf course facilities at Stowe Country Club. I understand and accept that in the course of participating in this Golf Program that the instructor cannot be responsible for protecting the participants from bodily injury or property damage. I realize that accidents and injuries can occur involving the sport and the use of the course facility. I agree, as a condition of being allowed to participate in the Junior Golf Program, that I freely accept and voluntarily assume all risks of personal injury or property damage, and I agree to indemnify Stowe Country Club and Mt. Mansfield Company, Inc., dba the Stowe Mountain Resort, their officers, employees, agents, and instructors from and against any and all claims of liability for personal injury or property damage, including those that occur en route to or from the program as well as the participation in it, accepting myself the full responsibility for any and all such damage or injury of any kind which may result. As a condition of being allowed to use the facilities and/or have my minor child participate in the Program, I have read, understand and agree with this Acceptance of Risk and Indemnity Agreement. I am signing it freely and of my own accord, realizing it is binding upon myself, my heirs and assigns, and my minor child. I also certify that I have full authority to sign this document on behalf of the minor child.

SIGNATURE OF PARTICIPANT: _____ Print Name

SIGNATURE OF PARENT / GUARDIAN: _____

PRINT PARENT/GUARDIAN NAME: _____

DATE: _____ PARENT'S EMAIL: _____

Office use only: MOP _____ Amount _____ Date _____ Initials _____

Contact: Stowe Country Club #760.GOLF OR Dlehmann@stowe.com