



The
Bob Silvester
2020 Junior Golf Program
Orleans Country Club



COMMUNICABLE DISEASE/COVID-19
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Participant's Name _____

Birth date _____

Street Address _____

City _____ Zip _____

Parent/Guardian's Name _____

Emergency Phone (____) _____

Parent/Guardian's Name _____

Emergency Phone (____) _____

In consideration of being allowed to participate in any way in Orleans Country Club programs, related events, and activities, I the undersigned, on behalf of myself and my participating children or guardians, acknowledge, appreciate, and agree that:

I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome Coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

Participation in Orleans Country Club programs, events, and activities involves the potential exposure to, and illness from infectious, communicable diseases, including COVID-19. While following Federal and State guidelines, Vermont Golf Association "Return to Play" Guidelines, and Orleans Country Club COVID-19 Protocol may reduce the risk, **the risk of**

serious illness and death does exist. Orleans Country Club cannot, and does not guarantee, warrant, or represent that participants will not contract a communicable disease, including but not limited to COVID-19, as a result of participation in its programs, events, or activities.

I knowingly and freely assume all such risks.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **hereby release, indemnify, hold harmless, and forever discharge Orleans Country Club, Vermont Golf Association**, its officers, coaches, directors, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releasees), from any and all claims, demands, losses, liability, rights, or causes of action of whatsoever kind arising out of, or in any way connected to or related to any **illness, injury, disability, damages or death** I may suffer or sustain as a result of my participation in Orleans Country Club programs, events or activities, **whether arising from the negligence of the releasees or otherwise**, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, acknowledge that it constitutes a binding agreement and promise, and sign it freely and voluntarily without any inducement.

Participant's Signature

Age

Date

For PARENTS/GUARDIANS of participant of minor age (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **even if arising from the negligence of the releasees**, to the fullest extent permitted by law.

Parent/Guardian Signature

Date

Emergency Phone Number