WASHINGTON COUNTY GOLF COURSE RELEASE OF LIABILITY AND PHOTO CONSENT FORM

Name of Participant:		_
In consideration of the Participant being permitted to engage in the 2018 Junior Golf Program, the undersigned:		
County, the Washington hereinafter referred to as	County Golf Course (WCC "Releasees" from all liabil	charges and covenants not to sue Washington GC"), its agents, employees and volunteers ity for any and all damages, injuries, claims, of the Releasees or otherwise.
from any and all damage	•	harmless the Releasees from all liability xpense to the Participant or their property or otherwise.
• •	•	derstand the contents of this form. I am the same of my own free will.
Signature of parent/guardian		Date
Print name		_
Please print the following	g:	
	City/State/Zip Phone Number	
In case of emergency:	Contact Name Phone Relationship CONSE	NT
post, and copyright my c photography) for educati	nty, and the Washington Co	ounty Golf Course, the right to use, publish, (including audio, moving image or ocial media sites (such as Facebook and
YES (photo consent)		NO (photo consent)