



River Vale Country Club Golf Program Release and Waiver of Liability

Assumption of Risk, and Indemnity and Parental Consent Agreement:

I hereby release and discharge River Vale Country Club (“RVCC”), Long Ball Golf Management (“LBGM”) and The Township of River Vale (“TRV”), their agents, employees, staff members, directors and officers from any claims, responsibilities or liabilities for injuries as a result of my participation and/or my child’s participation as a player or spectator in programs and activities at RVCC. I fully understand that: these activities involve risks and dangers of serious bodily injury or death, (“Risks”); these Risks and dangers may be caused by my own actions or inaction’s, the actions or inaction’s of others participating in the activity, the condition in which the activity takes place, or the negligence of the “Releasee’s named below; there may be other risk and social and economic losses either not known to me or readily or foreseeable at this time; I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation or that of the minor in the Activity. I authorize RVCC, their agents, employees, staff members, directors and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge RVCC, their agents, employees, staff members, directors and officers from any responsibility or liability related thereto. I hereby grant RVCC permission to use my and/or my child’s name, picture, or likeness in any printed media or any form of advertisement. I fully renounce any and all claims upon RVCC for reimbursement for use of this material.

Childs name (please print): _____

I have read & understand all the information presented in the River Vale Country Club Golf Program Release and Waiver of Liability and the Parental Consent Agreement set forth above.

Parent’s Name (please print): _____

Parent’s Signature: _____ Date: _____

****Please sign one form per each week in attendance****

Emergency Contact During Camp Time- Must Complete

Name _____

Relationship: _____ Phone#: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Name _____

Relationship: _____ Phone#: _____ Date: _____

Address: _____ City: _____ Zip Code: _____