

Sequoia Golf Woodlands LLC d/b/a The Woodlands Country Club ("Club")

ACTIVITY REGISTRATION - MINOR

Participant: _____ Age: _____

Address: _____

City: State: Zip: _____

Parent/Legal Guardian: _____

Phone Numbers: Cell: _____ Home: _____ Work: _____

Emergency Contact: _____ Relationship: _____

Activity: _____

ASSUMPTION OF RISK, RELEASE AND INDEMNITY AGREEMENT

Assumption of Risk. Participant and I are aware that the Activity involves inherent risks, dangers, and hazards that can result in serious personal injury or death. Participant and I are also aware that the Club facilities and/or equipment contain dangers and can cause serious injury or death. **Participant and I hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity, including injury or death that results from Club's negligence, design of the facility and/or equipment, or from any third party.**

Release and Indemnity. In exchange for the Club allowing Participant to participate in the Activity, **Participant and I, on our own behalf and on behalf of our respective family members, heirs beneficiaries, assigns and all parties claiming by, through or under either or both of us, do hereby RELEASE, INDEMNIFY AND HOLD HARMLESS the Club, its parent, affiliated and subsidiary companies as well as all of their respective officers, directors, agents, contractors, employees, heirs, successors, assigns, volunteers and guests from all liability for any injury, death, loss or damage connected in any way whatsoever to participation in the Activity, including that which may result, directly or indirectly, in whole or in part, from the negligence or willful misconduct of the Club or any third party, or from the design of the facility and/or equipment, whether on or off the Club's premises and including any transportation.**

Medical. Participant and I give consent to emergency medical care and transportation in order to obtain treatment in the event of injury, as the Club may deem appropriate, and I agree to accept full responsibility for the payment of all costs for same. **The release, indemnity and hold harmless provisions set forth hereinabove extend to any damage or loss arising out of the medical treatment and transportation provided in the event of an emergency, including the negligent acts or omissions of any health care providers, their agents, employees or representatives.**

Property Loss. All personal property brought to the Activity is brought at the sole risk of the Participant as to its theft, damage or loss.

Photograph Permission. I give permission for the Club to use, without limitation or obligation, photographs, film footage or tape recordings that may include Participant's image or voice for purposes of promoting the Club's programs.

Severability. Any provision or portion of this Agreement found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof had not been contained herein.

I hereby execute this Agreement on behalf of myself and Participant.

Signature of Parent/Legal Guardian: _____ Date: _____

**SEQUOIA GOLF WOODLANDS LLC D/B/A THE WOODLANDS COUNTRY CLUB (“CLUB”)
Medical Information - Minor**

Full name of Participant: _____

Participant’s Date of Birth: _____

Known allergies/sensitivities: _____

Current medications and dosage amounts: _____

Current medical conditions: _____

Additional information relevant to care, including medical history or special conditions/needs:

Family Physician: _____ Phone: _____

Names of people to whom the Participant may be released:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

I acknowledge that the Club is not a healthcare provider, and my provision of the information herein will not be construed to create any duties on the part of the Club.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____

Cell Phone: _____ Alt. Phone: _____