MOM & ME GOLF CLINIC

PARTICIPANT AGREEMENT, ASSUMPTION OF RISK, RELEASE, MINOR PARENTAL CONSENT & PHOTO/VIDEO RELEASE

Host: Greens & Glory LLC **Venue:** Sticks 247 LLC, Jupiter, Florida

Event dates: Fridays, September 25, October 2 and October 9, 2026 | 3:45 PM – 5:00 PM

Complete one form per adult/minor pair. A parent or court-appointed legal guardian must sign for every participant under 18.

1. Participant Information

Adult / parent or legal guardian: _____ Date of birth: _____

Minor participant: _____ Minor date of birth: _____

Address: _____

Mobile: _____ Email: _____

Emergency contact: _____ Phone: _____

Relationship to minor: _____ Allergies / medical needs: _____

2. Voluntary Participation; Assumption of Risks

I understand that the clinic may include instruction, demonstrations, practice swings, putting, chipping, hitting golf balls, use of golf clubs and training aids, movement on indoor and outdoor activity areas, and interaction with other participants. I voluntarily choose for myself and/or my minor child to participate.

I understand that golf involves inherent and other risks, known and unknown, including being struck by a golf ball, club, training aid, or other object; errant shots; swinging clubs; slips, trips, falls, uneven or wet surfaces; collisions; equipment malfunction; weather, heat, sun exposure, insects, physical exertion, and acts or omissions of other participants. These risks may result in property damage, serious injury, illness, disability, paralysis, or death. I accept these risks and agree to follow all rules, safety procedures, and staff directions.

3. Adult Release

For myself and my heirs, personal representatives, successors, and assigns, I release, waive, discharge, and covenant not to sue Greens & Glory LLC; Sticks 247 LLC; and their owners, members, managers, officers, directors, employees, coaches, instructors, contractors, volunteers, agents, affiliates, sponsors, and representatives (the "Released Parties") from claims arising from or related to my participation, including claims arising from the **ordinary negligence** of a Released Party, to the fullest extent Florida law permits. This does not purport to release claims that cannot lawfully be released, including gross negligence, reckless conduct, or intentional misconduct.

4. Minor Parental Consent and Florida Statutory Notice

I certify that I am the minor participant's parent or court-appointed legal guardian and have authority to sign. I consent to my child's participation.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN
READ THIS FORM COMPLETELY AND CAREFULLY.
YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.

5. Photo, Video, and Media Release

I grant Greens & Glory LLC and Sticks 247 LLC the irrevocable right to photograph, film, video, and audio record me and my minor child during the Mom & Me Golf Clinic, and to reproduce, edit, publish, display, distribute, and otherwise use those images, recordings, likenesses, voices, and first names — in whole or in part, alone or with other material — for advertising, marketing, promotion, instruction, editorial, and other lawful business purposes, in any media now known or later developed, worldwide, without limitation as to time.

I understand this may include use on Greens & Glory social media accounts (including Instagram, YouTube, TikTok, and Facebook), on greensandglory.com, in sponsor and partner materials, and in promotional materials for future clinics.

I waive any right to inspect or approve the finished materials or the use to which they may be applied, and I waive any claim to compensation, royalties, or other payment. I acknowledge that Greens & Glory LLC owns all rights, including copyright, in the materials produced.

I release the Released Parties from any claim arising from this use, including claims of defamation, invasion of privacy, or right of publicity.

OPT OUT — Check this box only if you do **NOT** consent to photography, video, or recording of yourself or your minor child:

☐ **I do NOT consent to photo, video, or media use.**

Participation in the clinic is not conditioned on granting this release. Please also notify staff at check-in.

6. Acknowledgment and Signatures

I have read this entire document. I understand that it includes an assumption of risk, a release of liability, a parental consent for a minor, and a photo/video release. I understand that I am giving up substantial legal rights for myself and my minor child. I sign it freely and voluntarily, without inducement, and intend it to be binding on me, my child, and our heirs and representatives. I confirm that the registration fee is non-refundable and non-transferable.

Printed name — adult participant / parent or legal guardian	Date
Signature — adult participant / parent or legal guardian	Mobile number
Printed name — minor participant	Relationship to minor

If you are registering more than one child, complete and sign a separate form for each child.

Staff use only

Received by: _____ Date: _____