

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS 1. In consideration for being allowed to participate in the AFGL or U.S. FootGolf Tour tournaments and event, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the Federation for International FootGolf (FIFG), American FootGolf League (AFGL), the American FootGolf Federation (AFGF) and their employees, officers, directors, volunteers and agents from any and all claims including claims of their negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this FootGolf Tournament and/or any and all activities associated with such events including travel to, from and during the Tournament/Event. I am voluntarily participating in this Tournament/Event. I am aware of the risks associated with traveling to/from and participating in this Tournament/Event, which includes but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the Tournament/Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, by my participation in this Tournament/Activity, including travel to, from and during the Tournament/Activity. I agree to hold the FIFG, AFGL, AFGF harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Tournament/Activity, including travel to, from and during the Activity. If the FIFG, AFGL or AFGF incurs any of these types of expenses, I agree to reimburse them. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. 2. I grant permission for FIFG, AFGL and AFGF to take, and make public, visual/ audio images of me for marketing purposes. I agree that FIFG, AFGL and AFGF own the images and all the rights to them. Without notifying me the images may be used in any manner or media for marketing purposes including, but not limited to FIFG, AFGL, AFGF sponsored websites, publications, promotions, advertisements, and posters. I waive any right to inspect, approve, or be compensated for the use of such images. I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the FIFG, AFGL and AFGF from all liability, (b) promising not to sue the FIFG, AFGF, AFGL, (c) and assuming all risks of participating in this Tournament/Activity, including travel to, from and during the Tournament/Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the state of California or any state where the tournament is held. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

IF YOU ARE UNDER 18 YEARS OF AGE, you must have a parent or legal guardian sign this form, the Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims for a Participant under 18 years of age. This release shall be governed by and constructed in accordance with the laws of the State of California. If any legal action is necessary to enforce or interpret the terms and conditions of this release, the parties hereby agree that the Superior Court of California, for the County of Los Angeles, shall be the sole jurisdiction and venue for bringing the action.

By signing this release I agree to the Terms on behalf of _____ as their parent or legal guardian. Dated _____.

Print name: _____ Signature: _____