

New Mexico State University Golf Course
Box 30001, MSC 3595
Las Cruces, NM 88003

New Mexico State University Golf Course
Youth Golf Academy Release of Liability

NOTICE: THIS IS A LEGALLY BINDING CONTRACT. In consideration of individual named below being permitted by New Mexico State University (NMSU), Golf Course to participate in the Youth Golf Academy program and any program offered by the NMSU Golf Course for youth, I agree to the following waiver and release, and I make the following representations:

ACKNOWLEDGEMENT

The undersigned voluntarily agrees to assume all risk of personal injury that may occur while at the facility, or participating in any event or program, whether or not under supervision of the NMSU Golf Course personnel. The undersigned hereby knowingly and intentionally waives, releases, and agrees to indemnify, hold harmless and defend the Regents of NMSU, their employees, their agents or others who are involved in supervision, operations from any loss, liability, damage or costs. This includes court costs and attorney fees that they may incur due to my participation in the activity, whether caused by the negligence of the Organizers or otherwise. This agreement is binding on my family, heirs and executors. This release shall be effective even though said loss, damage or injury results or has resulted from the negligence, wrongful acts, omissions, breach of warranty or strict tort liability of the NMSU Golf Course or other parties' released. _____(initial)

The undersigned is in good health and has no physical limitations which would affect the individual's safe use of the facilities and furthermore agrees to pay attention to the state of any fairways, driving range or NMSU Golf Course equipment used, and to advise staff members of any damage or notice damage. The undersigned certifies having read the rules provided or posted and agrees to abide by these rules and any future rules, or specific instructions given me by staff. _____(initial)

I understand that this release is a contract. I expressly state that I have read, understand, and am familiar with all its provisions and that I sign if of my own free will. _____(initial)

Accepted By _____ (Staff Only)

Signature of Parent _____ Printed Name _____

Signature of Child _____ Printed Name _____

Date _____ Home Phone _____ E-mail _____

Date of Birth _____ Address _____
City, State & Zip _____

Accepted By _____ (Staff Only)

Session 1 May 28 th -31 st	8:30-10:30 AM	_____
Session 2 June 10 th -13 th	8:30-10:30 AM	_____
Session 3 June 24 th -27 th	8:30-10:30 AM	_____
Session 4 July 8 th -11 th	8:30-10:30 AM	_____
Session 5 July 22 nd -25 th	8:30-10:30 AM	_____
Session 6 August 5 th -8 th	8:30 AM- 2 PM	_____