



Little Viking Golf Clinic

Sponsored by Jason Potter Memorial Fund

Attention all boys and girls going into Grades 1st through 8th
Sign up now for the Little Viking Golf Clinic which will be as follows:

WHEN: June 13, 16, 20 and 24
(Monday & Thursday Night)

WHERE: Grayling Country Club
2122 S. I-75 Business loop, Grayling, MI

All ages: 5:30 pm to 7:00 p.m.

Name: _____

Grade you are going into: _____

Address: _____

Have you ever golfed before? _____

Do you have clubs? _____

Parent(s): _____

How many years have you
played JPMF Golf _____

Parent Phone No: _____

Cost: **Free! Free! Free!**

Parent Email Contact: _____

Sign up before June 6, 2022

Return this form to: Jodi Potter, PO Box 208, Grayling, MI 49738 / or jepmemorial@gmail.com
A Waiver of Liability form is required. Both forms can be download from our
Website at jasonpottermemorial.com

Play for Potter

www.jasonpottermemorial.com

Live for Louis

Visit us online!

Liability Waiver Form

To the best of my knowledge, my child is in good physical condition and fully able to participate in **Little Viking Golf Clinic**. As a parent(s) of our minor child, I/we am/are fully aware of the risks and hazards connected with the participation in this event, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to my/our child and our property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, that may be sustained by my child, or loss or damage to property owned by me, as a result of participation in this **Little Viking Golf Clinic**.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, the **Jason Potter Memorial Fund and/or the Grayling Country Club**, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Michigan.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Print Name of Minor Child

Date

Event: Little Viking Golf Clinic

Parent's Signature

Parent's Print Name