

LEGACY RIDGE PRESENTS:

2017 FUTURE LINKSTERS JUNIOR PROGRAM

LAST NAME		FIRST NAME		INITIAL
ADDRESS (STREET)			EMAIL	
CITY		PROVINCE		POSTAL CODE
BIRTHDATE	DAY	MONTH	YEAR	PHONE #

I acknowledge and agree that Legacy Ridge, its officers, directors, shareholders, employees and contractors shall not be liable to me, my heirs, estate, for any claims, demands, injuries, damages, actions, or causes of action whatsoever that may arise, whether through negligence or otherwise and whether with respect to personal injury or injury, destruction, theft to or of property or otherwise.

- (1) That Legacy Ridge is not responsible for the personal property of any customer and Legacy Ridge, and shall not be liable for theft or loss or damage to the personal property and effects of any customer.
- (2) That refunds are only given for medical reasons with a written note from my Physician.

Applicants Signature _____

Accepted this _____ day of _____, 20_____

LIABILITY AGREEMENT, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT, YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

PLEASE READ CAREFULLY