***FAYETTEVILLE MIDDLE SCHOOL GOLF TEAM RELEASE OF LIABILITY***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Parent Name), agree to allow my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Child’s name), to participate as a member of the Fayetteville Middle School Golf Team.

* I realize and acknowledge that the sport of golf does have some potential safety risks.
* I realize and acknowledge that my child will be required to travel to away matches outside of Fayetteville, Lincoln County, Tennessee.
* I realize and acknowledge that my child will not be afforded transportation to away matches via school bus, but must either ride with Coach Drew Young or a Parent/Volunteer.

I hereby acknowledge and affirm that I will not hold Fayetteville City Schools, Fayetteville Middle School, Coach Drew Young, any Parent/Volunteer(s), or any of their designees liable in the event of injury to my child, including, but not limited to:

* Injury incurred during transportation to and from matches or other travel.
* Injury incurred during golf practice.
* Injury incurred during a golf match or tournament.

***SIGNATURE OF PARENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***