



**2018 Putt Putt Pub Event**  
Benefitting the Women's Resource Center  
Saturday, March 17, 2018  
11:00am-4:00pm

PuttPuttPubWH.com  
#PuttPuttPub

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION  
OF RISKS AND INDEMNITY AGREEMENT**

BY SIGNING THIS AGREEMENT, YOU GIVE UP IMPORTANT LEGAL RIGHTS,  
INCLUDING THE RIGHT TO SUE

Name of Participant: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Team name: \_\_\_\_\_

Emergency contact name and number: \_\_\_\_\_

I hereby certify that:

1. I am 21 years of age or older;
2. I am submitting this release, waiver of liability, and assumption of risk voluntarily and of my own free will; and
3. I am aware of the requirements of the competition and know of no limitations or health reasons that prevent me from safely participating.

**DISCLAIMER**

By signing this release, I agree that The Women's Resource Center of Florida, Inc., and the organizers, sponsors, volunteers, and participating establishments of the 2018 Putt Putt Pub event, are not responsible for any injury, loss, or damage of any kind sustained by me as a result of my participation in the 2018 Putt Putt Pub event, including injury, loss or damage which might be caused by the action, inaction, or negligence of others. I agree not to sue or assert a claim of any kind, and do also waive, release, and forever discharge the Women's Resource Center of Florida, Inc. and all participating establishments, of any and all claims of liability for death, injury, property damage or claims of any kind whatsoever arising out of my participation in the event. This release and waiver covers all claims of every kind or nature, and extends to any and all persons associated with the Women's Resource Center,

including its administrators, directors, agents, officers, employees, volunteers, and participating and cooperating vendors, businesses, and establishments. Neither by participating, organizing, or agreeing to be the benefitting charity organization, is Women’s Resource Center undertaking any duty to keep me safe or protect me from harm. I intend my estate, heirs, and representatives to be bound by this waiver and release.

## **ASSUMPTIONS OF RISKS**

In consideration of my participation in the 2018 Putt Putt Pub event, I acknowledge that I am aware of the possible risks and dangers associated with participation in the event, which may include: risks associated with travel to and from locations to be visited during the event, risks associated with intoxication and/or alcohol poisoning from consuming alcohol, risks of bodily injury of any kind, and risks associated with returning to my residence after participating in the event. I understand and accept that the risks of participating in the 2018 Putt Putt Pub event, I agree to assume and accept all risks arising out of my participation in the event. I further understand and acknowledge that the Women’s Resource Center and all participating establishments promote responsible drinking and do not endorse in any way drinking and driving or public intoxication. I understand that the decision to participate in the event, whether to drink alcohol, and how much alcohol to drink, are exclusively my decisions and my responsibility.

## **INDEMNIFICATION**

By signing this release, I agree to be solely responsible for any injury, loss, cost, or damage which I might sustain as a result of my participation in the 2018 Putt Putt Pub event. I further agree to hold harmless and indemnify the Women’s Resource Center of Florida, Inc., and its administrators, directors, agents, officers, employees, volunteers, partners, and participating vendors and businesses from any and all liability for any property damage or personal injury to any third party resulting from my participation in the event, and from any and all claims arising from my participation in the event, even if those claims may have been caused by the actions, inaction, or negligence of others.

*I acknowledge that I have read this agreement, that I have executed it voluntarily, that I intend it to be an unconditional release of all liability in favor of Women’s Resource Center of Florida, Inc., that I understand that I have given up legal rights by signing it, and that it is intended to be binding upon myself, my heirs, executors, administrators, and representatives.*

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name of Participant