

**JUNIOR CLINIC ACKNOWLEDGEMENT**

Name:	Address:
	City/State/Zip:
Email Address:	

I, \_\_\_\_\_, referred to as the parent(s) and natural guardian(s) or legal guardian(s) of \_\_\_\_\_ ("Minor"), understand and agree that (1) as consideration for the Minor's participation in the "Junior Clinic," I am responsible for paying Murphy USA Inc., or one of its subsidiary company's ("Organizer") the entrance fee, if applicable ("Fee"); (2) I will instruct the Minor to and such Minor shall be responsible for abiding by the rules, regulations and direction of the Junior Clinic instructors and FGTA, LLC d/b/a Symetra Tour ("TOUR") officials; and (3) the Minor's participation in the Junior Clinic may be revoked by TOUR at any time if s/he engages in inappropriate, dangerous, disruptive, or illegal behavior, as determined solely by TOUR or the Organizer, on and/or around the Junior Clinic site, at any time, without liability or obligation. In the event of revocation, s/he shall not be eligible to participate in the Junior Clinic or receive benefits from such.

I understand and agree that if, in the judgment of TOUR, acts of God, man-made disasters, criminal acts, acts of war, actions by governmental authority (whether valid or invalid), or any other adverse occurrence beyond the reasonable control of TOUR renders the Junior Clinic impractical, unsafe, or impossible, the Junior Clinic may be postponed, rescheduled, substituted with alternative activities, or canceled, and that TOUR shall have no further obligation. Additionally, in consideration of the Minor's participation in the Junior Clinic, I hereby agree to the use by TOUR, and its designees, of the Minor's personal information and photograph/likeness to advertise and promote the Junior Clinic, worldwide, and in perpetuity, in any and all forms of media, now known or hereafter devised (including, without limitation, the Internet), without additional compensation, notification or permission, except where prohibited by law.

**WAIVER AND RELEASE:** I certify that the Minor is physically fit and has not been advised otherwise by a licensed medical professional. I understand and agree that the Minor is voluntarily assuming all risk and danger incidental to Minor's participation in and attendance at the Junior Clinic and related activities, from known, unknown, obvious and hidden conditions, including, without limitation, being struck by misdirected golf balls, falls on and/or around the Junior Clinic site, use/misuse of equipment (including defective equipment), and actions of third parties. By the Minor participating in the Junior Clinic, I and his/her heirs, executors, administrators and assigns agree to release, indemnify, and hold harmless TOUR, Symetra Life Insurance Company, Organizer, sponsors, the host club, Junior Clinic sponsors, partners, and officials, participating players and their respective employees, agents, volunteers, officers and affiliates (collectively, "Releasees") from and against any and all injuries, losses, damages, claims, actions and any liability of any kind (including, without limitation, personal injury, death, or loss or damage to personal, private, or other property), whether or not due to the negligent acts or omissions of the Releasees, resulting from or arising out of the Minor's attendance at and/or participation in the Junior Clinic or related activities.

I agree that Arkansas law shall govern any and all disputes involving Releasees, without regard to any conflicts of law provisions.

I consent to the administration of first aid and/or medical treatment on behalf of the Minor, and agree to indemnify, waive, release, covenant not to sue, and forever discharge Releasees from any and all liability or claims arising out of such treatment.

**I affirm that I have read this Junior Clinic Acknowledgement, understand it, and agree to its terms.** The undersigned represents that he/she is at least eighteen (18) years of age or older and represent that I have the authority to execute this document, and fully accepts the terms, on behalf of the Minor and his/her heirs, executors, administrators, and assigns.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_