## John Kelley Golf LLC Golf Instruction Release of Responsibility

Client/Child's Name			
Name of Parent/Guardian			
Mailing Address:			
City:	, State:	Zip:	
Childs DOB/			
Emergency Contact:			
Emergency Contact Phone:			
(I) (WE), the undersigned, parent(s) of client/child, a minor, do here by conse Golf Instruction, conducted by: John Konth Instruction Release of Responsibility doing and other damage and loss, result he instructors, the instructional facilities client/child's parent(s)/guardian does hand loss, and in consideration of the boand other good and valuable consideration of the boand other good and valuable consideration hereby release and forever discharge of facilities, and their respective marital conditions, causes client/child has or may have by particip without limitation, death, personal injuriany of the instructors, the golf instruction.  I hereby acknowledge that I have read the Golf Instruction Release of Responsible.	ent to said minor participating elley Golf LLC.  The client/child, acknowledge struction program that is the ocument, may place the cliulting from the acts, or failures, or third parties. Having shereby voluntarily accept the enefits to client/child from station, receipt of which is he John Kelley Golf LLC, John ommunities, successors, he of action, claims, suits, and pation in the said golf instructly, bodily or mental injury, expon/fitness facilities, their emit and understood the terms	g in individual and/or gross and understands that the subject of the foregoing ent/child at risk of physical res to act, of the client/chance in knowledge in mind, re risk of such injury, dam aid golf instruction programeby acknowledged, does Kelley, golf instruction/fireirs, contractors and assid demands whatsoever, action program including conomic loss and damagnal ployees and agents.	ne golf al ild, the age, am, s tness gns o which es of
ParentSignature		Date	
Parant			
ParentSignature		Date	
John Kelley L	LC	, Date	