



Assumption of Risk and Waiver of Liability

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s participation in the First Tee - Omaha's programs and activities. On my behalf, and on behalf of my children, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, I hereby release, covenant not to sue, discharge, and hold harmless the First Tee - Omaha, its employees, board members, officers, agents, independent contractors, programming locations and their owners, staff, affiliates, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, and actions, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child(ren). I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Released Parties or any third-party using the First Tee - Omaha's facilities, whether a COVID-19 infection occurs before, during, or after participation in any First Tee - Omaha programs and/or activities. By signing below, I acknowledge and represent that I have read the foregoing Assumption of Risk and Waiver of Liability, understand it and sign it voluntarily as my own free act and deed; I am sufficiently informed about the risks involved in participating in the First Tee - Omaha's programs and activities to decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made. I agree that this Assumption of Risk and Wavier of Liability shall be governed by and construed in accordance with Nebraska law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Assumption of Risk and Wavier of Liability as a whole.

Date: _____

Signature of Parent/Guardian

Print Name of Parent/Guardian

Print name (s) of child/children/dependent

**Hogan's Junior Golf Heroes Foundation DBA First Tee of Omaha
COVID-19 CERTIFICATION WAIVER**

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of permission for the below-named Participant, to receive golf and life skills programming offered by Hogan's Junior Golf Heroes DBA First Tee - Omaha at _____ (the "Location(s)/Host Facility or Facilities of Summer Programming" attending) and myself, spouse, significant other, family member, legal guardian or designated chaperone to be on premise(s), I, as the parent and/or legal guardian of Participant, acknowledge and agree to the following:

I/Participant acknowledge that each has voluntarily agreed to take the below screening that aligns with the Centers for Disease Control ("CDC") and hereby certify that the following responses are true and accurate to the best of my knowledge.

COVID-19 Questions:

1. Have you/Participant had any signs or symptoms of a fever in the past 24 hours such as chills, sweats, felt "feverish" or had had a temperature that is elevated for you/100.0F or greater?

Yes _____ No _____

2. Do you/Participant have any of the following symptoms?

- Cough
- Shortness of breath or chest tightness
- Sore Throat
- Headache
- Sore throat
- Loss of taste or smell
- Diarrhea
- Nausea
- Body Aches

Yes _____ No _____

3. Have you/Participant traveled outside of the Continental United States in the last 14 days? Or, have you had any close contact in the last 14 days with someone with a diagnosis of COVID-19?

Yes _____ No _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS THAT MAY BE RELATED TO COVID-19, PLEASE DO NOT COME ON THE PROPERTY OF THE HOST FACILITY OR PARTICIPATE IN THE EVENT.

DATE: _____, 2021.

PARTICIPANT'S NAME: _____ (Please Print)

PARENT/LEGAL GUARDIAN'S NAME: _____ (Please Print)

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____