

2021 NORTH KINGSTOWN JUNIOR GOLF SCHOOL
NORTH KINGSTOWN GOLF COURSE
615 Callahan Road, North Kingstown, RI 02852
401-294-0684
www.nkgc.com

AGES: Six and up.

FEE: \$125 per student if paid by June 12th, \$150 if paid after June 12th.

DATES: The school will be conducted once a week for four weeks beginning Tuesday, June 22nd and running through Thursday, July 15th. You will have a choice of either a Tuesday or Thursday session. There will also be a Tuesday session in August from 8/3-8/24.

TIMES: **Classes begin at 4:30 sharp** and last one hour and fifteen minutes at N. Kingstown Golf Course

CONTENT: The school will provide instruction in etiquette, grip and stance, iron shots, wood shots, chipping, and putting.

CLUBS: If your child has their own clubs, they should bring them to each session. The golf shop stocks individual junior clubs and sets at very reasonable prices. These work much better than cut down adult clubs.

GROUPS: One instructor per 10 students, so the class sizes will be limited. Classes will be split up primarily by age.

TEACHERS: The instruction will be led by PGA Professionals John Rainone and Brian Owens, who will be assisted by members of the golf shop staff.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM WITH YOUR CHECK TO:

John Rainone, North Kingstown Golf Course, 615 Callahan Road, North Kingstown, RI 02852

Checks should be made payable to John Rainone.

NAME: _____ AGE _____

PARENT'S NAME _____

TELEPHONE _____ MALE _____ FEMALE _____

EMAIL _____

DAY PREFERENCE TUESDAY _____ THURSDAY _____ AUGUST TUESDAY _____

**TOWN OF NORTH KINGSTOWN
RECREATION DEPARTMENT
100 Fairway Drive
North Kingstown, Rhode Island 02852
Phone (401) 268-1542
MINOR'S CONSENT TO PARTICIPATE
AND HOLD HARMLESS AGREEMENT AND RELEASE**

I, (Print Name of Minor's Parent or Legal Guardian) _____ state that

(Print Minor's Legal Name) _____ (hereafter referred to as "the minor") the minor wishes to participate in (Print Name of Event or Program)

_____ sponsored by the North Kingstown Recreation Department (the "Recreation Department").

The minor's parent(s) or guardian(s) understand that participation in the above event or program is VOLUNTARY and that the minor does not have to participate. It is understood that the event or program involves activities which could result in injury to the minor's person or damage to the minor's property, and that by participating, the minor's parent(s) or guardian(s) voluntarily accept and assume the risk of injury to the minor or damage to the minor's property and consent the minor's participation in the event or program. It is understood that the Ocean State Community Wellness, Inc. "OSCW") and the Recreation Department DOES NOT provide any insurance coverage for the minor's person or property; and minor's parent(s) or guardian(s) acknowledge that they are responsible for the minor's safety and the minor's own health care needs, and for the protection of the minor's property.

In exchange for allowing the participant to participate in this event or program, the participant agrees to and hereby does release from liability, indemnify, and hold harmless OSCW and the Town of North Kingstown, including their respective its agents, officers, and employees from any injury to the participant's person or damage to the participant's property which arises out of or occurs during or as a consequence of his/her participation in the event or program and/or use of the OSCW property and/or equipment, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of OSCW and/or the Town of North Kingstown, including their its agents, officers, or employees. This Hold Harmless Agreement and Release shall be binding upon the minor, the parent(s) or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.

The minor's parent(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon OSCW and/or the Town of North Kingstown, including their respective its officers, agents and/or employees.

PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

I, the undersigned, state that I am the parent or legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that said minor cannot participate under ANY circumstances in the above specified event or program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding on myself, the said minor, and any person suing on behalf of said minor.



BY INITIALING I AGREE TO THE UNRESOLVED USE OF MY CHILD'S NAME AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEO TAPES, AND OTHER DEPICTIONS) FOR PUBLICIZING OSCW AND/OR NORTH KINGSTOWN RECREATION ACTIVITIES AND EVENTS.

Minor's Name (PRINT): _____ Birth date of minor: _____

Home State of minor: _____ Today's Date: _____

Parent/Guardian Legal Name (PRINT): _____

Parent/Guardian Legal Name (SIGN): _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

North Kingstown Rec Programming has put in place preventative measures to reduce the spread of COVID-19; however, NK Rec **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending NK Rec Programming, being exposed to the public, could increase** your risk and your child(ren)'s risk of contracting COVID19



By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending NK Rec Programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NK Rec employees, volunteers, and program participants and their families even though North Kingstown Recreation is taking all possible precautions.

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 attendance at NK Rec Programs or participation in NK Rec programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless NK Rec, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of programs, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programming.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Print Name of Participant(s)
