



Waiver and Assumption of Risk

I, _____, Lessee, voluntarily sign this Waiver and Assumption of Risk in favor of the Owner, Alvin Country Club, LLC, dba Alvin Golf & Country Club, in consideration for the opportunity to use the Owner's facilities and/or the opportunity to receive instruction from the Owner or the Owner's employees, and/or to engage in the activities sponsored by the Owner, as follows:

- Use of the banquet room, pool, or any of the public areas for a private party, meeting, or other gathering or event.

I understand that there are certain risks and dangers associated with the activity and use of the facilities. I fully understand the danger involved. I fully assume the risks involved as acceptable to me and my party, and I agree to use my best judgment in undertaking these activities, to follow all safety instructions, and to instruct the persons in my party to follow all safety instructions. I and my party waive and release the Owner from any claim for personal injury, property damage, loss, or death that may arise from the use of the facilities or from participation in the activities or instruction. I agree that I am the responsible party during my rental period, and I assume all responsibility for my party during our use of the Owner's facilities.

I am a competent adult, age (under 18) or (18 or over), and I assume these risks of my own free will.

My driver's license number is _____ from the State of _____. Please provide a copy of your driver's license to the Alvin Golf & Country Club employee receiving this form.

Lessee:

Dated: _____

Lessee Signature

Lessee Name (please print)

Alvin Golf & Country Club:

I have verified that all areas of the Facility Rental Reservation & Agreement are completed, and I have reviewed all terms on page two of this agreement with the lessee who has agreed to those terms in writing. The lessee signing this waiver is the responsible party renting the room who is age 18 or above, and I have verified the lessee's driver's license number and date of birth.

Dated: _____

AGCC Employee Signature

AGCC Employee Name