

This is a legally binding Release and Waiver of Liability ("Release") executed by _____ ("Participant") for the benefit of Babes Golf ("Company") is conducting a Scottsdale Babecation and Participant wishes to voluntarily partake in the trip, travel, transit to or from any included event or activity, golf tournament, pool day and all other activities planned on October 29-31, 2022 (hereinafter referred to as the "Scottsdale Babecation").

I hereby assume all of the risks of participating in this event with Babes Golf, Alexandria D. Andersen, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional.

I certify that there are no health-related reasons or problems which preclude my participation in any Babes Golf event. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the organizers of Babes Golf in which I may participate and that it will govern my actions and responsibilities as said: Any Babes Golf Event. In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this Babes Golf Event. THE FOLLOWING ENTITIES OR PERSONS: Babes Golf Inc., Babes Golf SD, Alexandria Andersen and/or their coaches, agents, representatives or volunteers.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims

made as a result of participation in this event, whether caused by negligence or otherwise.

I acknowledge that any Babes Golf event may carry with it the potential for death, serious injury, and personal loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, and lack of hydration.

I consent and agree that Babes Golf and/or their owners, coaches, agents, representatives or volunteers may take photographs or digital recordings of me as a participant during this event and use these in any and all media for training or promotional purposes. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims, or interests and I understand that there will be no financial or other remuneration.

I acknowledge that if, for any reason, I need to cancel, any expenses, entry fees, hotel accommodations, travel expenses or flights are nonrefundable and not the responsibility of Babes Golf and/or Alexandria Andersen to reimburse.

COVID-19 RISK - INFORMED CONSENT

I understand that I am opting to attend this event and understand that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. I further understand that COVID-19 is contagious and is believed to spread by person-to-person contact; and, as a result, federal and state health agencies recommend social distancing. I recognize that Babes Golf, Alexandria Andersen, are closely monitoring this situation and have put in place reasonable preventative measures aimed to reduce the spread of COVID-19. However, given the nature of the virus, I understand there is an inherent risk of becoming infected with COVID-19 by virtue of proceeding with this event. I hereby acknowledge and assume the risk of becoming infected with COVID-19 through this event. I understand that, if I have a COVID-19 infection, and even if I do not have any symptoms for the same, proceeding with this event can lead to a higher chance of complications and death. I understand that possible exposure to

COVID-19 before/during/after this event may result in the following: a positive COVID-19 diagnosis, extended quarantine/self-isolation, additional tests, hospitalization that may require medical therapy, Intensive Care treatment, possible need for intubation/ventilator support, short-term or long-term intubation, other potential complications, and the risk of death. In addition, after this event, I may need additional care that may require me to go to an emergency room or a hospital. I understand that COVID-19 may cause additional risks, some or many of which may not currently be known at this time. I understand all the potential risks, including but not limited to the potential short-term and long-term complications related to COVID-19, and I would like to proceed with this event.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I AGREE TO IT OF MY OWN FREE WILL.

Full Name

Signature

Date