

Hands of Hope USA



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Hands of Hope USA 1st Annual Golf Marathon

Player Commitment Agreement and Medical Waiver of Liability

Please read carefully and return to your Player Coordinator.

Player Agreement:

- I want to participate in the Hands of Hope Golf Marathon. I agree to give my best effort to raise \$2,500 or more in this event (or as best I can). I believe I can do this and I am committed to reaching this goal.

Medical Waiver:

- I recognize that there is an element of risk in any outdoor sport or activity. I understand the risks and dangers involved in the Hands of Hope Golf Marathon and certify that I am fully capable of participating in this event.
- I hereby assume all risks involved in playing in the Hands of Hope Golf Marathon and will hold the host organization Hands of Hope USA, Woodside Plantation Country Club golf course management and the owners of the course harmless from any and all liability, actions, causes of actions, debts, and claims resulting from the above mentioned Golf Marathon.

I have read the above Player Agreement and Medical Waiver and fully agree

Player Name

Person to Notify in Emergency

Street Address

Emergency Contact Relationship

City, State, Zip

Emergency Contact Phone Number

Player Phone Numbers: Home/Work/Cell

Physician

Age Shirt Size Handicap

Physician's Phone Number

Signature

Date