



Tee It Up for Health Golf Benefit
Saturday, June 13, 2015

**Acknowledgement of *Tee It Up for Health* Participant Responsibility,
Express Assumption of Risk, Release of Liability and Photo Release**

I understand that I may be exposed to a variety of hazards and risks, foreseen or unforeseen, during my participation in *Tee It Up For Health* on Saturday, June 13, 2015. These risks are inherent in any golf tournament, and cannot be eliminated without destroying the unique character of such an event. These inherent risks include, but are not limited to, the danger of serious personal injury, property damage, and death. I know that injury and damage can occur by natural causes or activities of other persons, animals, participants or organizers, either as a result of or negligence or because of other reasons. The undersigned hereby consents to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during *Tee It Up For Health*.

To the fullest extent allowed by law, I agree to Waive, Discharge Claims, and Release from Liability Grace Cottage Hospital, The Hermitage Club, and their respective officers, directors, employees, agents and volunteers from any and all liability on account of, or in any way resulting from injuries and damages, even if caused by negligence of Grace Cottage Hospital, its officers, directors, employees, agents and rally volunteers. I further agree to Hold Harmless Grace Cottage Hospital, The Hermitage Club, and their respective officers, directors, employees, agents and rally volunteers from any claims, damages, injuries or losses caused by my own negligence while a participant in *Tee It Up For Health*. I understand that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me on *Tee It Up For Health*.

I recognize that Grace Cottage Hospital has the right to record the event through video and still photography of any and all participants. I voluntarily consent and agree that Grace Cottage Hospital may use, in whatever manner it deems appropriate, any images or photographs of me taken during this event.

Name (Please Print): _____

Mailing Address: _____

Phone: _____ **Email:** _____

Signed: _____ **Date:** _____

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Emergency Contact Name/Phone: _____