

CAGD 18-Hole Tournament/Partners

Place: _____

Date: _____

Name: _____
 Last *First*

Phone#: _____

GHIN#: _____

E-Mail: _____

Club You Are a CAGD Member:

Partner Info:

Name: _____
 Last First

Phone#: _____

Ghin #: _____

E-Mail _____

Club You Are a CAGD Member:

Make Check Payable to CAGD and Mail To:

Pat Kuntz
6209 E. McKellips Road #272
Mesa, AZ 85215
pkunique@comcast.net
303-263-4495 You can text me also!

Release of Liability

1. I understand that lightning and severe weather is a danger in Arizona.
2. I understand and acknowledge that the game of Golf may involve a rick of physical and/or mental injury.
3. I acknowledge that the operations, riding and use of a motorized golf cart involves a risk of physical injury to any individual undertaking such activities.
4. I acknowledge that such activities require care, attention and obedience to the warnings and instructions, rules and regulations posted on the Golf Course.

I expressly state that I have read and am familiar with such instructions, warnings and rules. I expressly assume such risks and waive any claim which I might at any time state against the CAGD as a result of physical injury incurred in such activities, EXCEPT to the extent such claim might be based upon the sole and exclusive negligence of the CAGD.

I further agree to hold the CAGD harmless for physical injury to others, or for property damage which might result from my actions on the golf course or from my use or my acquiescence in another person's use of the golf cart in violation of any warning, instruction, rule or regulation. I hereby acknowledge that I have read and understand this release.

Signature: _____

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