

VOLUNTEER APPLICATION

NAME _____
Last First MI

ADDRESS _____
Street City Zip

PHONE _____
Daytime Evening EMAIL (Required)

Describe experience with individuals with physical disability _____

I will volunteer for:

SESSION I

_____ Tuesday, June 1st-June 29th 9:00 AM - 11:00 AM
_____ Wednesday, June 2nd-June 30th 9:00 AM - 11:00 AM

SESSION II

_____ Tuesday, July 6th-August 10th 9:00 AM - 11:00 AM
_____ Wednesday, July 7th-August 11th 9:00 AM - 11:00 AM

No classes on July 20th and 21st due to the tournament

Classes will be held at: Broken Tee Golf Course (formerly Englewood Golf course)
2101 West Oxford Street
Englewood, CO 80110
(303) 762-2670

- * I would be able to assist with students on the Par 3 course: Yes _____ No _____
- * I would be able to help with the Fund Raising Tournament on Wednesday, July 21st at Broken Tee Golf Course:
7:00 AM- 3:00 PM Yes _____ No _____
- * I would be able to help with the Play Day on Wednesday, August 18th at Broken Tee Golf Course:
Yes _____ No _____

Please return your Volunteer and Release Forms to: Jen Grooters, 44 Glenmoor Court, Cherry Hills Village, CO 80113. I can be reached at jennifergrooters@comcast.net or 720-273-8472 if you have any questions. Thank you for volunteering with Golf 4 Fun!

DS/USA and GOLF 4 FUN INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

Please note: there are two places on this sheet that require a signature

DS/USA and GOLF 4 FUN INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's and GOLF 4 FUN'S programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA and GOLF 4 FUN of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, GOLF 4 FUN, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Name (PLEASE PRINT CLEARLY) **Signature**
Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent's Signature & Emergency Phone **Name & Date (PLEASE PRINT CLEARLY)**

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA and GOLF 4 FUN to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA or GOLF 4 FUN event. I further agree that DS/USA or GOLF 4 FUN may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature of Participant/Guardian
Date