



GEORGIA STATE GOLF ASSOCIATION

PARTICIPANT REGISTRATION/ RELEASE

Printed Name: _____ Today's Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell: _____ Email: _____

If Applicable: Seasonal Address: _____

Disability/Impairment: _____

Birthday Month: _____ Day: _____ / _____ *year optional

Medical Conditions/Allergies: _____

Medications/Dosages: _____

Physician's Name: _____ Phone: _____

Address: _____

In Case of Emergency Name: _____ Relationship: _____

Home Phone: _____ Cell: _____

Please CHECK level of golf experience: _____ Beginner _____ Intermediate _____ Advanced

Please Explain: _____

Additional Comments/Other info in which we should know about you:

Consent and Release Form & Participant Agreement: Due to the nature of this golf event, I acknowledge all the foregoing risks on my behalf and accept personal responsibility for any illness, injury or damages that may occur with my attendance. I release, waive and hold harmless Georgia State Golf Association, Inc. and it's Foundation, Adaptive Golf Academy, host golf facility, sponsoring organizations and any instructors, directors, other participants and/or advertisers involved with event. I grant permission to photograph/film video for purpose of marketing, promoting future adaptive golf programs. I am 18 years or older, agree to the above release and sign it voluntarily:

Signature: _____