



PGA

Southern Ohio Section
Junior Tour

2020 SOPGA Players Tour/Futures Tour
Membership Waiver Form

I, as parent or guardian of _____ (“Child”), authorize the Child to participate in the 2020 SOPGA Players Tour/Futures Tour (“Tour”) with dates and locations as outlined in Exhibit A, attached hereto and incorporated herein by this reference.

In consideration of the participation of my Child in the Tour, I hereby release and discharge, on behalf of myself and my Child, The Southern Ohio PGA (SOPGA) and all its members, the applicable host golf facilities utilized for the Tour, The PGA of America and Tour sponsors, and all of each of the aforementioned entities affiliates, employees, directors, agents, escorts, representatives, owners, successors, and assignees from all actions, causes of action, claims and demands for, upon or by reason of any incident, damage, loss or injury (death included) which may be sustained by my Child or myself (the undersigned) in connection with participation in the Tour (or any singular event connected to the Tour), inclusive of travel to or from a Tour event.

This release extends and applies to all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability, and the consequences of them as well as those disclosed and known to exist. The provisions of any state, federal, local or territorial law or statute providing in substance that releases shall not extend to claims, demands, injuries, or damages which are unknown or unsuspected to exist at the time, to the person executing this release, are expressly waived.

In the event my Child requires medical treatment while on the premises of a Tour event, I authorize SOPGA representatives to seek medical treatment for my Child if I cannot be located and arrange for transportation to a local medical facility. All medical treatment will be handled through a medical facility within reasonable proximity to the applicable Tour event.

We the undersigned do by our signing, acknowledge that we have read, understand, and accept all terms contained herein. I agree to observe the USGA Rules and Etiquette of golf, to conduct myself on the golf course and in the clubhouse properly, courteously, and to follow the regulations set forth by host clubs and the SOPGA Players Tour/Futures Tour. I understand and permit the SOPGA to use any and all likeness photos, video, etc. taken of me. I especially agree to cancel all entries twenty-four (24) hours prior to the tournament date if unable to participate for good reason. I agree to abide by the prescribed penalties if I fail to cancel within specific time frames. I understand that membership may be suspended or canceled for willful disregard of the Rules, Golf Etiquette, or for dishonest, unsportsmanlike, or unbecoming conduct.

Parent/Legal Guardian’s Signature _____ Date: _____

Applicant’s Signature _____ Date: _____

Print Name _____