

REGISTRATION FORM

Date: **Wednesday, September 15, 2021**

Time: 9:30am - 1:30pm

Location: Los Lagos Golf Course

- Improve strength, flexibility, and balance
- No previous golf experience needed
- Free lunch provided
- For stroke survivors in **all** stages of recovery
- Adaptive golf equipment
- One-on-one with a professional golf instructor



Register (online or by mail) for Golf 4 Life no later than **Wednesday, September 1st**.

Survivor Participant Information *(please print)*

Name	Age	T-shirt size
Address		
City	State	Zip
Phone	Email	

Survivors *(please choose one)*

One-on-one Instruction Play 3 holes Assistance needed? Yes No

Do you have your own clubs? Yes No *(Please bring them if you do)*

Have you played golf or attended a golf clinic since having your stroke? *(Please explain)*

Please list any physical limitations *(to help us design your experience)*

Other Attendees

Caregiver	Relation to patient
Total number of people attending lunch?	



**SURVIVORS
PLEASE COMPLETE
THE BACK PAGE**

LIABILITY WAIVER

In consideration of Los Lagos Golf Course permitting me to participate in the Golf Tournament for Stroke Survivors and related activities, for myself, my heirs, personal representatives, and assigns, I hereby waive, release, and discharge any and all rights, liability, causes of action and claims that may hereafter accrue to me or which I may assert against Los Lagos Golf Course, the City of San Jose, and its event sponsors, their officers, directors, employees, agents, successors, and assigns, for personal injury and/or property damage that I or my heirs, representatives, executors, administrators or any person acting on my behalf or the on behalf of my estate may suffer or sustain as a result of my participation in the Golf Tournament for Stroke Survivors and related activities. I hereby assume all risks of any such injury and damage.

I grant to Los Lagos Golf Course the unrestricted right to take photographs, videos and recordings (collectively, "graphic records") of me and I convey to Los Lagos Golf Course all my rights in and to the graphic records, including my permission to use, re-use, publish and republish the graphic records of me or in which I may be included in whole or in part, and to use the graphic records in any and all of its publications, including but not limited to web sites

and program materials, in any media now or hereafter known, for any purpose. I further waive any right to compensation arising or related to the use of the graphic records or my likeness.

I consent to Los Lagos Golf Course editing, altering, copying, and exhibiting the graphic records, and I waive any right to inspect or approve the graphic records or any product or material in which my likeness may be used or reproduced.

I understand that the graphic records will become the property of Los Lagos Golf Course and Los Lagos Golf Course will own and hold the copyright to them.

I hereby release and discharge Los Lagos Golf Course, its employees, officers and members from all claims, demands, causes of action which I, my heirs, representatives, executors, administrators or any person acting on my behalf or the on behalf of my estate, have or may have by reason of this Authorization including but not limited to claims for invasion of privacy.

I affirm that I am over the age of eighteen and competent to contract in my own name and that I have read this Authorization and fully understand its content and meaning.

Signature		Date	
Print name			

Please send this form to

Rosemarie Hernandez
Director of Community Events
Los Lagos Golf Course
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