



**Merced County Hispanic Chamber of Commerce**

855 West 18<sup>th</sup> Street, Suite B

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www.mercedhcc.com

# MCHCC Amigos Unidos Golf Tournament

Saturday September 15<sup>th</sup> 2018

9:00am Shotgun Start

Ranch Del Rey Golf Club, Atwater

Please join us for a fun day of golf and lunch. Awards Ceremony and raffle following the golf tournament. Golfers can sign up individually or in groups. \$100.00 per golfer includes green fee, cart, gift bag, and lunch. Mulligans, raffle and optional contests on selected holes can be purchased separately. Top 3 golf groups receive prizes. Additional lunches can be purchased for \$15.00 for those who cannot participate in the golf tournament but would like join us for lunch.

Registration deadline is Friday September 7, 2018.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Number of golfers at \$100.00 (includes lunch). Total: \$ \_\_\_\_\_

\_\_\_\_\_ Additional Lunches at \$15.00 each Total: \$ \_\_\_\_\_

\_\_\_\_\_ Mulligans at \$20.00 each Total: \$ \_\_\_\_\_

**MCHCC Office Use Only**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to: Merced County Hispanic Chamber of Commerce (MCHCC)

**Waiver and Release of Liability and Indemnification:** My participation in the Event is voluntary and subjects me to the possibility of physical injury (which could be minimal, serious, and/or result in death) and loss of or damage to my property (collectively, "Risks"). Accordingly, a. I hereby release and hold harmless, covenant not to sue, and otherwise agree to indemnify the Merced County Hispanic Chamber of Commerce (MCHCC), its officers, directors, employees, agents, and/or contractors (collectively "Releasees") from any claim, demand, loss, liability, damages, and attorney's fees and costs whatsoever arising from, related to, or resulting from said Risks ("Claims"), including those caused by the negligent acts or omissions of any or all of the Releasees; b. As between each of the Releasees and me, I will be solely responsible for any and all medical and related bills that I may incur because of any injury, and costs related to loss or damage to my property, that I may sustain as a result of my participation in the Event, including those sustained on the premises where the Event is conducted and while I am traveling to and from such premises, and regardless of the location or mode of transportation. c. This Release and Waiver of Liability and Indemnification shall be binding on my estate, heirs, executors, administrators, successors and assigns, and any other party asserting a Claim on my behalf or on behalf of my estate. d. Prior to participating in the Event, I shall be solely responsible for inspecting the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise an official of such conditions(s) and refuse to participate until such conditions(s) is corrected.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Parent/Legal Guardian must sign if participant is under the age of 18.

Send your completed form and payment to: MCHCC P.O. Box 2246 Merced, CA 95344 or you may hand deliver to MCHCC Office.

