



# Right in the Community

## Player Commitment Agreement & Medical Information Waiver of Liability

*Please read carefully and return to your Player Coordinator along with your check as soon as possible.*

Please complete and send in with your personal sponsorship fee. Mail to RitC, 1830 Water Place, Suite 120, Atlanta, Georgia 30339. 770-427-8401.

\_\_\_\_\_  
Player Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone home/work/cell

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Golf Shirt Size Age

\_\_\_\_\_  
Person to notify in Emergency

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Physician's Telephone

I want to participate in the Annual RitC Play All Day Golf Marathon. I agree to give my best effort to raise \$2500 or more for the event. I believe that I can do this and I am committed to reaching this goal.

I further agree to sponsor myself with at least a \$100 donation and to start my pledge drive within one week of signing up. I understand the importance of this event to Right in the Community and that the event team may ask me to step down as a player if I do not give my best effort to fulfill my commitment.

I agree to attend the Kick-off Party.

I have read the Medical Waiver and fully understand it.

I recognize that there is an element of risk in any outdoor sport or activity. I understand the risks and dangers involved in the RitC Golf Marathon and certify that I am fully capable of participating in this event.

I hereby assume all risks involved in playing in the RitC Play All Day Golf Marathon and will hold Right in the Community, Dogwood Golf Club and its management company, employees and board members harmless from any and all liability, actions, causes of action, debts and claims resulting from the above-mentioned RitC Play All Day Golf Marathon.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date