

**RELEASE AND WAIVER OF LIABILITY AGREEMENT**  
**READ BEFORE SIGNING**

In consideration of \_\_\_\_\_ (the "**Participant**") being allowed to participate in any way in Hemophilia of Georgia, Inc.'s Hit 'Em for Hemophilia Golf Tournament (the "**Hit 'Em for Hemophilia Golf Tournament**"), and its related events and activities, the undersigned Participant acknowledges, understands, and agrees that:

1. Participation in the Hit 'Em for Hemophilia Golf Tournament is completely voluntary. The Participant agrees to comply with the stated and customary terms and conditions for participation in the Hit 'Em for Hemophilia Golf Tournament. If, however, the Participant observes any unusual significant hazard during his or her presence or participation, the Participant will remove himself or herself from participation and immediately bring such hazard to the attention of the Hemophilia of Georgia, Inc.
2. The undersigned is familiar with the Hit 'Em for Hemophilia Golf Tournament, and the activities in which the Participant will be participating, and the undersigned is solely responsible for determining whether his or her fitness or skill level warrants participation in the Hit 'Em for Hemophilia Golf Tournament activities. The undersigned is aware that these activities may be dangerous and involve the risk of serious injury and/or death and/or property damage. **THE UNDERSIGNED KNOWINGLY AND FREELY ASSUMES ALL HAZARDS, DANGERS, AND RISKS, both known and unknown, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, and assumes full responsibility for his or her participation in the Hit 'Em for Hemophilia Golf Tournament, and its related events and activities.**
3. The undersigned, for himself or herself, and his or her respective heirs, assigns, personal representatives and next of kin, **HEREBY EXPRESSLY WAIVES AND RELEASES, AND HEREBY AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS, Hemophilia of Georgia, Inc., its affiliates and any of their respective officers, directors, officials, agents, employees, partners, board members, affiliates, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the Hit 'Em for Hemophilia Golf Tournament (collectively, the "**Releasees**"), WITH RESPECT TO ANY AND ALL CLAIMS, CAUSES OF ACTION, DAMAGES, LOSSES AND/OR EXPENSES ARISING OUT OF OR RELATING TO ANY INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage of any kind to person or property, known or unknown, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, during or related to his or her participation in the Hit 'Em for Hemophilia Golf Tournament or its related events or activities, to the fullest extent permitted by law.**

**I AM AT LEAST 21 YEARS OF AGE AND HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I WILL GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

Date Signed: \_\_\_\_\_

**MEDIA CONSENT AGREEMENT**

In consideration of \_\_\_\_\_ (“**Participant**”) being allowed to participate in any way in Hemophilia of Georgia Inc.’s Hit ‘Em for Hemophilia Golf Tournament (the “**Hit ‘Em for Hemophilia Golf Tournament**”), and its related events and activities, the undersigned Participant consents and agrees to having photographs and/or video taken of himself or herself during the Hit ‘Em for Hemophilia Golf Tournament and to having interviews and testimonials solicited from him- or herself regarding his or her participation in the Hit ‘Em for Hemophilia Golf Tournament. The undersigned further consents and agrees that said photographs, video, interviews, and testimonials may be published in newspapers, television, magazines, publicity releases, the Hemophilia of Georgia, Inc. website, and/or other media sources including social media websites and blogs. Furthermore, undersigned Participant hereby grants to Hemophilia of Georgia, Inc. full ownership rights, including the rights to copyright the photographs, videos, images, interviews and testimonials in the name of Hemophilia of Georgia, Inc., and the rights to use and reuse, publish, and republish the photographs, videos, images, interviews, and testimonial information in whole or in part.

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT’S SIGNATURE

**EMERGENCY CONTACT AGREEMENT**

In connection with the registration of \_\_\_\_\_ (“**Participant**”) to participate in Hemophilia of Georgia’s Hit ‘Em for Hemophilia Golf Tournament (the “**Hit ‘Em for Hemophilia Golf Tournament**”), the undersigned hereby instructs that the following individual be contacted in case of an emergency pertaining the Participant, and the undersigned hereby delegates to such individual the power, duty, and authority to consent to, or approve of, any and all matters in connection with, related to, or arising from, the Participant’s participation in the Hit ‘Em for Hemophilia Golf Tournament, including all decisions relating to any professional or medical care, treatment or services that may be suggested, recommended, prescribed, or directed by a duly licensed physician or health care professional, for and during such periods or as a consequence of the Participant’s participation in the Hit ‘Em for Hemophilia Golf Tournament:

EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Print name of emergency contact

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT’S SIGNATURE