

RELEASE AND WAIVER OF LIABILITY AGREEMENT
READ BEFORE SIGNING

In consideration _____ ("Participant") being allowed to participate in any way in Hemophilia of Georgia's Hit 'Em for Hemophilia Golf Tournament (the "**Hit 'Em for Hemophilia Golf Tournament**"), and its related events and activities, the undersigned Participant and/or his or her parent/guardian, acknowledges, understands, and agrees that:

1. Participation in the Hit 'Em for Hemophilia Golf Tournament is completely voluntary, and if the Participant is a minor at the time of registration, the undersigned parent/guardian gives permission for the Participant to participate in the Hit 'Em for Hemophilia Golf Tournament. 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 or the undersigned parent/guardian observes any unusual significant hazard during his or her presence or participation, Participant, and/or his or her parent/guardian will remove the Participant 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 the Participant's fitness or skill level warrants participation in the Hit 'Em for Hemophilia Golf Tournament activities. The undersigned recognizes that certain hazards, dangers, and risks are inherent in these activities, including **cuts, abrasions, experiencing a bleed, sprains, broken bones, bruises, insect bites or stings, concussions, head injuries, heart attack, spinal injuries, permanent paralysis, other serious injuries and/or death**, and that such hazards, dangers, and risks cannot be avoided notwithstanding a Participant's fitness or skill level. 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 the Participant's participation in the Hit 'Em for Hemophilia Golf Tournament, and its related events and activities.
3. The undersigned, for himself or herself, and the Participant if a minor at the time of registration, and his, her or their 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 my participation in the Hit 'Em for Hemophilia Golf Tournament or its related events or activities, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

I CERTIFY THAT THE PARTICIPANT IS A MINOR AT THE TIME OF REGISTRATION, THAT I AM THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN WITH FULL POWER AND AUTHORITY TO ACT ON BEHALF OF AND LEGALLY BIND THE PARTICIPANT, AND THAT I HEREBY FREELY AND VOLUNTARILY ACKNOWLEDGE, CONSENT AND AGREE TO THE FOREGOING RELEASE AND WAIVER OF LIABILITY AGREEMENT FOR MYSELF, THE PARTICIPANT, AND OUR RESPECTIVE HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN.

X _____ Phone #: _____ Date Signed _____

Print Name: _____
PARENT/GUARDIAN'S SIGNATURE

MEDIA CONSENT AGREEMENT

In consideration of _____ ("**Participant**") being allowed to participate in any way in Hemophilia of Georgia's Hit 'Em for Hemophilia Golf Tournament (the "**Hit 'Em for Hemophilia Golf Tournament**"), and its related events and activities, the undersigned Participant and/or his or her parent/guardian, consents and agrees to having photographs and/or video taken of the Participant during the Hit 'Em for Hemophilia Golf Tournament, to conduct interview and solicit testimonials from the Participant regarding his or her participation in the Hit 'Em for Hemophilia Golf Tournament, and consents and agrees that said photographs, video, interviews, and testimonials may be published in newspapers, television, magazines, publicity releases, the Hemophilia of Georgia website, and/or other media sources including social media websites and blogs. Furthermore, undersigned Participant and/or his or her parent/guardian, 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 _____ Age _____ Date Signed: _____
PARTICIPANT'S SIGNATURE

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

I CERTIFY THAT THE PARTICIPANT IS A MINOR AT THE TIME OF REGISTRATION, THAT I AM THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN WITH FULL POWER AND AUTHORITY TO ACT ON BEHALF OF AND LEGALLY BIND THE PARTICIPANT, AND THAT I HEREBY CONSENT AND AGREE TO THE ABOVE MEDIA CONSENT AGREEMENT FOR MYSELF, THE PARTICIPANT, AND OUR RESPECTIVE HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN.

X _____ Phone #: _____ Date Signed _____

Print Name: _____
PARENT/GUARDIAN'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 _____ Age: _____ Date Signed: _____
PARTICIPANT'S SIGNATURE