



Waiver, Consent and Release

Year and Event(s): _____

I/We (participant name): _____

(If underage, provide name and relationship to participant, e.g., “parent,” “guardian”)

_____, do hereby consent to my or the child’s participation in a tournament and/or clinic hosted by the United States Blind Golf Association (USBGA).

I/We also agree to forever waive and release the USBGA, members, support members, volunteers, Board of Directors and any and all individuals and organizations assisting or participating in the USBGA (“the Releasees”) tournaments and/or clinics of and from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to me or the child or property damage resulting from me or the child’s participation in the USBGA’s tournaments and/or clinics.

I/We, for our heirs, successors or assigns also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, are or may be asserted in the future, directly or indirectly, arising from personal injuries to me or the child or property damage resulting from my or the child’s participation in the USBGA’s tournaments and/or clinics.

I/We further affirm that I/we have read this Waiver, Consent and Release Form and that I/We understand the contents of this Form. I/We understand that my or the child’s participation in these tournaments and/or clinics is voluntary and that I or the child is free to choose not to participate in said programs. By signing this Form, I affirm or the Child’s parent/guardian affirms that I have decided to allow my child to participate in the USBGA tournament and/or clinic with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage to me or the child may suffer in the USBGA’s tournaments and/or programs.

I/We understand the exposure to harm presented by the COVID-19 virus. I am or the child’s parent/guardian is aware and acknowledge that the novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, is extremely contagious, and is believed to be spread mainly from person-to-person contact. While the USBGA has put in place preventative measures in an effort to reduce the spread of COVID-19, I acknowledge that the USBGA cannot guarantee that the participant or I will not become infected with the COVID-19, and I or the parent/guardian acknowledge that attending any program may increase participant’s risk of contracting COVID-19. I/We understand this is a binding legal document waiving and releasing actual and potential claims and that I/we have had the opportunity to obtain legal advice if I/we choose.



United States Blind Golf Association

The USBGA recognizes that participation in any sport or physical activity has some inherent risk of head impact (Traumatic Brain Injury, TBI) or a concussion. The USBGA takes the health and safety of people playing or participating in our events seriously and recognizes that concussions and TBI's are a significant public health risk. We have developed a Concussion Protocol program focused on TBI and concussion awareness and safety, which is available on our website. All individuals participating in our events, in any capacity, are encouraged to read, understand, and adhere to this policy prior to participating in our events. The USBGA Concussion Protocol can be accessed at the following link:

[USBGA Concussion Protocol](#)

The USBGA reserves the right to photograph and film program participants for publicity purposes. Images/video may be used for program flyers, Newsprint, USBGA website or social media. The participants or the participant's family will not receive any compensation for any use of the photographs, videos or images which may be taken by the USBGA. If for any reason you do not want photographs or video taken of yourself or the child, please notify the USBGA of your request, in writing, at the time of registration.

I/We represent and warrant that I/We have the authority and capacity to agree to all items contained in the Waiver Consent and Release and Concussion Protocol documents and sign this Waiver Consent and Release.

Date:

Signed:

Parent / Guardian of Participant:
