



UNIVERSITY OUTREACH
OUTREACH PROGRAM OFFICE
301 O. D. SMITH HALL, AUBURN, AL 36849-5607

Golfing At Callaway Gardens—Better Than Par!

AUBURN UNIVERSITY HOLD HARMLESS/INFORMED CONSENT AGREEMENT

I, _____, acknowledge that injuries or loss can result from participation or association with the **Golfing At Callaway Gardens—Better Than Par!** I further realize that participating in this event may involve risks and dangers, both known and unknown, and have elected to take part in this event. Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the **Golfing At Callaway Gardens—Better Than Par** program.

To the best of my knowledge, I possess the necessary health and physical fitness level to participate in the **Golfing At Callaway Gardens—Better Than Par!** I understand and agree to follow all safety precautions required for participation.

I furthermore release Auburn University, its Board of Trustees, Faculty, Staff and Agents from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to me or loss that I may suffer while traveling, preparing, participating and/or traveling to or from the **Golfing At Callaway Gardens—Better Than Par!** I also grant permission to be transported to local doctors, clinics or hospitals in the event of any injury and will assume responsibility for all costs, including costs of collection that may include reasonable attorney fees.

I have read the above Hold Harmless/Informed Consent Agreement, and understand its meaning, agree to be bound by its effects and sign voluntarily.

Signature of Participant

Date