



## Tournament Entry Form

Tournament Name: \_\_\_\_\_

Tournament Date: \_\_\_\_\_

Players Name: \_\_\_\_\_

Players Address: \_\_\_\_\_

Players email: \_\_\_\_\_

Players Tel: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

I agree to assume all risks associated with the tournament play and to hold harmless The UGA, the hosting golf course, and their officers, directors, employees, and agents from any and all claims or causes of action, including attorney's fees and court costs, on account of any injuries or damages I may sustain or cause in connection with such tournament(s).

In consideration of The UGA's approval of my application for entry, I expressly grant and assign to The UGA the right to use my name, personal likeness, voice, and autobiographical material in connection with advertisements, promotions, and publicity for The UGA Amateur Division and the tournaments.

Players Signature: \_\_\_\_\_  
Date

Parent/Guardian Signature \_\_\_\_\_  
Date