

Jerry Dias
National President



Lana Payne
National Secretary Treasurer

UNIFOR

National Indoor Golf Tournament

(Hosted by POEM Recreational Council)



***SATURDAY JANUARY 25th, 2020 @
JARZIES INDOOR SIMULATED GOLF***

7-175 Dawson Road

Guelph, ON N1H 1A1 (519) 341-4512

Tee off Times: 9:00AM and 1:30PM

- **Format: Scramble**
- **Fee: \$60.00 per player, Max: 40 players**
- **Deadline for entries: January 13, 2020**
- **Lunch and Prizes provided**
- **Make Cheques payable to Lindsay Begg – c/o Unifor POEM Council. Certified cheque, Local Union cheque or money order ONLY. E-transfers will be also be accepted to Lindsay's e-mail mytyfimore@gmail.com If paying by e-transfer please email team members and indicate preferred tee off time.**

**Mail to: Lindsay Begg, Tournament Director
Unifor POEM Council
750 Lawrence Street, Unit 32
Cambridge, ON N3H 0A9
mytyfimore@gmail.com (226) 791-0772
This event is open to UNIFOR members ONLY**



Unifor POEM Indoor Golf Tournament Registration Form,
Saturday January 25, 2020. Jarzies Indoor Simulated Golf

Name: _____ Unifor Local# _____

Address: _____

City: _____ Postal Code: _____ Phone: _____

Event organized by Unifor POEM Recreation Council

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PLEASE READ CAREFULLY - BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE OR CLAIM INDEMNITY IN RELATION TO THE ACTIVITY DESCRIBED HEREIN

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS, AND INDEMNITY

By signing this document I declare that I am aware that my participation in the **(National Indoor Golf Tournament)** to be held **(January 25, 2020)** (the "Activity") to be held at **(Jarzies Indoor Simulated Golf in Guelph)** (the "Location") involves risks and dangers to myself including, but not limited to, potential injury, death, personal property damage and economic loss resulting directly or indirectly from any of these (the "Risks"). I further declare that I understand that my participation in the Activity may result either directly or indirectly in injury, death, personal property damage and economic loss to a third party for which I would be responsible (the "Responsibilities").

BY SIGNING THIS DOCUMENT, WITHOUT WHICH I CANNOT PARTICIPATE IN THE ACTIVITY, I personally accept and assume all Risks and Responsibilities and agree to the following:

- I AGREE TO WAIVE ANY AND ALL CLAIMS** that I have or may have in the future against Unifor and/or any Unifor Local and/or any Unifor Council, and/or their respective directors, officers, employees, trustees, representatives, and agents (collectively the "**RELEASEES**") in relation to the Risks and/or Responsibilities and/or my presence at or on my way to or from the Location;
- I RELEASE THE RELEASEES** from any and all liability for any and all claims that I or my next of kin may have against the Releasees as a result of my participation in the Activity and/or my presence at or on my way to or from the Location;
- I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES** from any and all liability for claims that any third party may have against the Releasees as a result of my participation in the Activity and/or my presence at or on my way to or from the Location;
- I AGREE THAT THIS RELEASE SHALL BE EFFECTIVE EVEN IN THE EVENT THERE IS NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER ONTARIO'S OCCUPIERS LIABILITY ACT OR SIMILAR LEGISLATION IN ANY PROVINCE, ON THE PART OF THE RELEASEES;**
- I AGREE THAT THIS RELEASE** shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
- I AGREE THAT THIS RELEASE** shall be governed by and interpreted in accordance with the laws of the province in which the Location is situated; and
- I AGREE THAT ANY LITIGATION** resulting from my participation in the Activity and/or my presence at or on my way to or from the Location shall be brought in the province in which the Location is situated.

By signing this document I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this release.

I have read and understood this document. I acknowledge that by signing this release I am waiving certain legal rights which I or my heirs, successors, executors or administrators etc. may have against the Releasees.

<u>PRINT NAME CLEARLY</u>	<u>SIGNATURE</u>	<u>DATE</u>

***If the participant is under 18 years of age, the signature of a parent or guardian is required.**