Veteran’s Disc Club Inc.

Serving those who served—on and off the course
Event: Veteran’s Disc Club Fall Classic – November 22, 2025
Location: Begg Park, Springfield, Michigan

GENERAL LIABILITY, MEDICAL, AND MEDIA WAIVER

Assumption of Risk
I understand that disc golf involves inherent risks, including but not limited to errant throws, uneven terrain, natural obstacles, weather conditions, and physical exertion. I accept full responsibility for any injury, illness, loss, or damage that may occur while participating in or attending this event.

Release of Liability
In consideration of being permitted to participate in the Veteran’s Disc Club Fall Classic, I, for myself, my heirs, and assigns, release and hold harmless **Veteran’s Disc Club Inc., its officers, directors, volunteers, event sponsors, and the City of Springfield** from any and all claims or liabilities arising from my participation, whether caused by negligence or otherwise.

Medical Authorization
If emergency medical care is required, I consent to such treatment and accept full responsibility for related expenses. I certify that I am physically fit and able to participate.

Photo & Media Release
I grant Veteran’s Disc Club Inc. permission to use my image, name, or likeness in photos or video for nonprofit promotional purposes without compensation.

Acknowledgment & Agreement
I have read and fully understand this waiver and voluntarily agree to its terms. If signing on behalf of a minor, I affirm that I am the parent or legal guardian and consent on the minor’s behalf.

Participant Information

Printed Name: _____
Signature: _____ Date: _____
☐ Check here to sign electronically (if submitting digitally)
Email: _____
Phone: _____
Emergency Contact Name: _____ Phone: _____

Parent/Guardian Authorization (Required if participant is under 18)

I, the undersigned parent or legal guardian, have read and understand this waiver and consent to my child's participation under these terms.
Minor's Name: _____ Age: _____
Parent/Guardian Name: _____
Parent/Guardian Signature: _____ Date: _____

For Organizer Use

Participant #: _____ Division: Beginner / Recreational Payment Confirmed ☐

Digital Submission Instructions

Please complete and return this form by either method:

- **Email:** Save as PDF (or clear photo) and send to **johntthurman@gmail.com** with subject **"Fall Classic Waiver – [Your Name]"**.
- **In person:** Bring a printed, signed copy to **Player Check-In (8:00 AM)** on event day.

Optional e-signature: If completing digitally, check the e-signature box, type your name in the signature line