



WAIVER AND RELEASE OF LIABILITY

& AUTHORIZATION TO USE/DISCLOSE CERTAIN INFORMATION

LINKS TO FREEDOM - WAIVER AND RELEASE OF LIABILITY

I wish to participate in the Links to Freedom Golf Program (“the Program”), as this Program is described herein. The Program, which is developed and administered by the Links to Freedom Foundation (“the Foundation”), utilizes golf to provide ill and injured service members, their immediate family members and/or caregivers; surviving spouses and their children the opportunity to rehabilitate and restore their emotional, physical and social well-being through learning the fundamentals of the game of golf.

I understand that my execution of this Waiver and Release is a prerequisite to participating in the Program. I further understand that there are risks and dangers inherent in participating in the Program and that in order to be allowed to participate in the Program, I agree to assume all risks and to release and hold harmless the Foundation, and its officers, directors, agents, employees, contractors, vendors (and their agents), agencies, sponsors, officials, other participants in the Program and volunteers (collectively, the “Released Parties”).

I intend by this Waiver and Release to release, in advance, and to waive my rights and discharge and hold harmless the Released Parties from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation in the Program, even though this liability may arise from negligence or carelessness on the part of the Released Parties, from dangerous or defective property or equipment owned, maintained or controlled by the Released Parties or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns, and legal representatives. I understand that I am solely responsible for my health and safety, and I acknowledge that I have the physical and mental capacity to participate in and complete the Program. I agree to abide by any decision of a Program official relative to my ability to participate in the Program safely and I further agree that Program officials or volunteers may authorize necessary emergency treatment for me.

I have carefully read this Waiver and Release and fully understand its contents. If I am under 18 years of age at the time of registration into the Program, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation in the Program by his/her acceptance below. I am aware that this is a RELEASE OF LIABILITY and a contract between me and the Released Parties, that I (or my parent or legal guardian) has the legal capacity to enter into this contract, and I (or my parent or legal guardian) accept its terms of my (or his/her) own free will.

LINKS TO FREEDOM - AUTHORIZATION TO USE/DISCLOSE CERTAIN INFORMATION

In connection with the information I release and disclose as a participant in the Program (e.g., through the Program Registration or otherwise) (hereinafter, “My Information”) I understand that My Information will be used solely to further the mission of the Foundation, including its public awareness and outreach programs, fundraising and other mission driven communication. The information I release and disclose (My Information) will not be used for any other purpose without my prior written consent.

I understand that My Information may include but not be limited to, my name and likeness, my involvement with the Program and Foundation, audio and visual recordings of interviews or events in which I participate, and images/photographs of me. I voluntarily consent and agree to allow the Foundation and its contractors, agents and sponsors, to use and release My Information in whatever manner it deems appropriate in connection with the Program in perpetuity, for any purpose related to advertising or promotion of the event worldwide in all forms of media now and forever known (e.g., internet, television, photographs, etc.).

If I am under 18 years of age at the time of the Authorization is being given, my parent or legal guardian has completely reviewed this Authorization, understands and consents to its terms, and authorizes the use/disclosure of My Information. I am aware that this is an Authorization and a contract between me and the Foundation, that I (or my parent or legal guardian) has the legal capacity to enter into this contract, and I (or my parent or legal guardian) accept its terms of my (his/her) own free will.

[A parent/guardian must execute this Authorization if Participant is under 18 at the time of registration into the Program]

Participant’s Printed Name

Parent/Legal Guardian Printed Name

Participant’s Signature Date

Parent/Legal Guardian Signature Date