



Moonlight Glow Golf

Pink-Out Fundraiser for Breast Cancer



When the sun goes down, the greens light up!

Where: New Hope Village Golf Course

8130 Bass Lake Rd, New Hope, MN 55428

Date: Friday, September 28th, 2018

Check-In/Cash Bar: 6:45 pm

Silent Auction: 6:45 – 7:45 pm

Dinner: 7:00 – 7:45 pm

Start: 8:00 pm Shotgun

Format: 9-Hole Best Ball (Teams of 2)

Awards: Following Golf Play

\$45
Per Golfer

Includes:

- *9 Holes *Wristband *Dinner
- *3 Balls per team of 2

(Additional balls available for purchase/donation)

Dinner Only: \$20 per person

Please email megan@komenminnesota.org

if you can attend to reserve your spot.

(Cut here and return this bottom portion with payment to: Komen Minnesota-960 Southdale Center, Edina, MN 55435)

Please print clearly. Teams consist of 2 golfers. One form required per person.

First Name: _____ Last Name: _____

Email Address: _____

Mailing Address: _____ Apt #/Ste: _____

City _____ State _____ Zip Code: _____

FIRST COME/FIRST SERVE – ONLY 60 GOLF SPOTS AVAILABLE

Please check one:

Golfing @ \$45 per golfer **Teammate's Name:** _____

Dinner Only @ \$20 per person

Make an additional donation? If yes, amount: \$ _____

Please check payment option: (Email return permitted with Credit Cards only)

Check (payable to Susan G. Komen Minnesota) Cash

Credit Card (Circle one): VISA MASTERCARD AM EXPRESS

Credit Card #: _____ Exp. Date: ____/____/____

Signature: _____

PHOTOGRAPHIC AND RESULTS RELEASE and WAIVER AND RELEASE OF CLAIMS. I AGREE THAT ANY AND ALL REPRESENTATIONS MADE AND RELEASES, WAIVERS, COVENANTS, CONSENTS AND PERMISSIONS GIVEN BY ME HEREUNDER ARE GIVEN ON BEHALF OF ME AND ANY AND ALL OF MY MINOR CHILDREN OR PERSONS OVER WHOM I HAVE GUARDIANSHIP PARTICIPATING IN OR ATTENDING THE EVENT. I give my consent and permission to The Susan G. Komen Breast Cancer Foundation, Inc. d/b/a Susan G. Komen ("Komen"), its affiliates and races, their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, (i) any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event (the "Event"); and (ii) the results of my participation in this Event (e.g., race time, name, participant number). I understand that (i) my consent to these provisions is given in consideration for being permitted to participate in this Event; (ii) I may be removed from this competition if I do not follow all the rules of this Event; and (iii) I am a voluntary participant in this Event. I am in good physical condition and am solely responsible for my personal health, safety and personal property. I know that this Event is a potentially hazardous activity and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury or accident THAT may occur during my participation in this Event (INCLUDING, BUT NOT LIMITED TO, MY FUNDRAISING ACTIVITIES associated with the event) or while ON THE EVENT PREMISES (COLLECTIVELY, "MY PARTICIPATION"). TO THE FULLEST EXTENT OF THE LAW, I, FOR MYSELF, MY NEXT OF KIN, MY HEIRS, ADMINISTRATORS, AND EXECUTORS (COLLECTIVELY, "RELEASEES"), HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST (I) KOMEN, THE MINNESOTA AFFILIATE OF THE SUSAN G. KOMEN BREAST CANCER FOUNDATION D/B/A SUSAN G. KOMEN MINNESOTA, AND ALL OTHER KOMEN AFFILIATES AND THEIR RESPECTIVE DIRECTORS, OFFICERS, VOLUNTEERS, AGENTS AND EMPLOYEES; THE CITY OF NEW HOPE, MINNESOTA; NEW HOPE VILLAGE GOLF COURSE; AND ALL THEIR RESPECTIVE AFFILIATED COMPANIES, MANAGERS, AGENTS, EMPLOYEES AND REPRESENTATIVES; (II) ANY EVENT SPONSORS; AND (III) ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (COLLECTIVELY, THE "RELEASEES") FOR ANY INJURY OR DAMAGES I MIGHT SUFFER IN CONNECTION - WHETHER SUCH LOSSES, LIABILITIES, OR CLAIMS BE CAUSED BY FALLS, CONTACT WITH AND/OR THE ACTIONS OF OTHER PARTICIPANTS, CONTACT WITH FIXED OR NON-FIXED OBJECTS, CONTACT WITH ANIMALS, CONDITIONS OF THE EVENT PREMISES, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORESEEABLE AT THIS TIME, OR OTHERWISE. I UNDERSTAND THAT I AM SOLELY RESPONSIBLE AND LIABLE FOR ALL ASPECTS OF MY FUNDRAISING ACTIVITIES ASSOCIATED WITH MY PARTICIPATION, INCLUDING, BUT NOT LIMITED TO, THE SAFE AND LAWFUL CONDUCT OF ANY FUNDRAISING ACTIVITIES. This Photographic and Results Release and Waiver and Release of Claims (collectively, the "Release") shall be construed under the laws of the state in which the Event is held. In the event any provision of this Release is deemed unenforceable by law, (i) Komen shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this Release shall remain in full force and effect. I understand that I have given up substantial rights by signing this Release, and have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Signature: _____