

# CARTER'S CONFUSION

2-Player Team Event

SAURDAY, JULY 12, 2008

LEO DONOVAN GOLF COURSE



## TYPE OF PLAY:

- 18 holes 6 holes of Team Scramble
- 6 holes of Team Best Ball
- 6 holes of Team Alternate Shot

## ENTRY FEE:

\$30.00 per team, plus green fees. Adult season passes honored. Entry fee must accompany entry form to secure a starting time. Make checks payable to: Peoria Park District.

## PLAYER ELIGIBILITY:

No area restrictions. Amateurs only. Must be at least 12 years of age.

## FLIGHTS:

Determined by the number of participants

## TEE TIME:

6:30 a.m. (depending on the number of entries)

## PRIZES:

Merchandise gift cards

## ENTRY DEADLINE: Sunday, July 6

Tee Times will be posted on the Park District's website, or you may call 691-8361 on Thursday, July 10 for pairing information.  
[www.peoriaparks.org/golf](http://www.peoriaparks.org/golf)



Mail to:

John Gosteale  
Leo Donovan Golf Course  
5805 N. Knoxville  
Peoria, IL 61614

Or return in person to any Peoria Park District  
Golf Course Pro Shop

# CARTER'S CONFUSION

LEO DONOVAN GOLF COURSE

Entry Deadline Sunday, July 6

### Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**LIABILITY FORM ON REVERSE SIDE MUST BE  
SIGNED BY ALL PARTICIPANTS**

## CARTER'S CONFUSION

**\$30.00**



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## WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself, your child or ward for participation in the program described on the reverse side, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

As a participant in the program or the parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries including death, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward on account of participation in the program.

I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees, from any and all claims resulting from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I hereby consent to the use of my photograph or that of my minor child/ward in Park District brochures, publications, slide presentations, etc.

I hereby consent to allow the Park District to use my electronic mail address for Park District communications purposes only.

I have read and fully understand the above Program Details and Waiver and Release of All Claims.

\_\_\_\_\_  
#1 Participant's Name ( Please print)

\_\_\_\_\_  
#2 Participant's Name ( Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant # 1 or Parent/Guardian

\_\_\_\_\_  
Signature of Participant # 2 or Parent/Guardian