



ANNUAL UNIFOR NATIONAL

4 PERSON SCRAMBLE GOLF TOURNAMENT

Hosted by P.O.E.M

Saturday September 10, 2016
Pine Knot Golf & Country Club
5421 Hamilton Road, Dorchester Ontario
Registration at 11:00 am

SHOTGUN START TEE-OFF at 1:00 PM

REGISTRATION FEE: \$500 per team (\$125 per golfer)
*Includes greens fee, golf cart, sit down dinner &
Unifor give-aways and prizes*

LIMITED TO THE FIRST 36 TEAMS (144 PAID GOLFERS)
PLAYERS MUST BE UNIFOR MEMBERS

Please make certified cheque, money order or Local Union cheque **ONLY** payable to Joe Simpson, and mail to:

Joe Simpson
5 Lexington Avenue, London, ON N6H 1J2

ENTRY DEADLINE: AUGUST 31, 2016

For more information contact Tournament Director:
Joe Simpson – 519-642-7790



UNIFOR NATIONAL GOLF TOURNAMENT

Date: Saturday September 10, 2016

Course: Pine Knot Golf & Country Club
(5421 Hamilton Road, Dorchester, Ontario)

Time: Shotgun Start at 1:00 PM

Cost: \$125 per Golfer
(Includes greens fee, golf cart, sit-down dinner, Unifor Give-aways & prizes)

ENTRY DEADLINE AUGUST 31, 2016
Limited to the first 144 PAID Golfers

-----2016 Unifor Annual Regional Golf Tournament Entry Form-----

Name	Tel.#	Local

Place me in a foursome with:

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 **POEM 4 Person Golf Scramble** to be held **September 10th, 2016** (the "Activity") to be held at **Pine Knot Golf & Country Club** (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:

1. **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;
2. **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;
3. **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;
4. **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;**
5. **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;
6. **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
7. **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.

PRINT NAME CLEARLY	SIGNATURE	DATE

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

HOLIDAY INN HOTEL AND SUITES LONDON



**855 Wellington Road South
London, Ontario N6E 3N5
1-877-660-8550**

**PLEASE QUOTE UNIFORM RATE OF \$95.00
PLUS APPLICABLE TAXES per night.**