

# 4 Person Scramble

## Friday, May 18, 2018

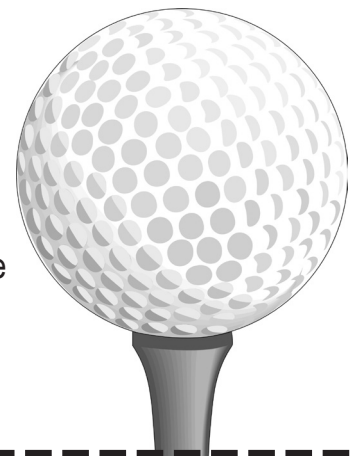
## Bowmanville Golf Course

### 10 a.m. Shotgun Start

**\*\*Open to friends & family of Unifor Local 222 members\*\***

**\$100 per player: \$400 per team includes greens fees & cart**

- PLUS:**
- Hole-in-One contest
  - Longest Drive: Men's & Women's
  - Closest to Pin: 4 holes Men's & Women's
  - Prizes: All teams/players – Random Draw
  - Low Gross: Team
  - High Gross: Team
  - Steak Dinner *(for non-steak eaters please call Bowmanville Golf Course 905-623-2670)*



### Entry Deadline Friday, May 11, 2018

Entry forms with payment may be submitted to the Union Hall or any member of the Recreation Committee: Scott Wood, Sally DeLaire, Matt Smith, Steve Hunter, Will Howse, Della Carette, Rick Murray  
*For more information call Steve Hunter at 905-914-0788*

-----  
**Unifor Local 222 4 Person Scramble**

Name: \_\_\_\_\_ Shift: \_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Shift: \_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Shift: \_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Shift: \_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**WAIVER ATTACHED**

**RELEASE OF LIABILITY WAIVER OF CLAIMS, ASSUMPTION OF RISKS  
AND INDEMNITY AGREEMENT**

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE  
RIGHT TO SUE OR CLAIM INDEMNITY AGAINST UNIFOR AND ANY OF ITS LOCALS OR THEIR  
RESPECTIVE OFFICERS, AGENTS, EMPLOYEES OR REPRESENTATIVES  
PLEASE READ CAREFULLY 4 Person Golf Tournament**

**ASSUMPTION OF RISKS**

I am aware that my participation in this recreational activity held **May 18, 2018,** am & pm involves risks and dangers including but not limited to use of and/or exposure to sporting and/or recreational equipment, natural or “person” made, environmental and/or physical conditions, negligence of others, and/or negligence on the part of Unifor and/or its Local Unions, their officers or agents and representatives. I freely accept and fully assume all such risks and dangers and the possibility of personal injury, death, property damage and loss resulting there from.

1. **I AGREE TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future against the Unifor National Union and/or Unifor Local Union and/or a Unifor Council, and their directors, officers, employees, against and representatives, (all of whom are hereinafter collectively referred to as the “**THE RELEASEES**”) and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my use of or my presence at the Unifor National Union and/or Local Union and/or Council recreational event due to any cause whatsoever, **INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER THE OCCUPIERS LIABILITY ACT, ON THE PART OF THE RELEASEES;**
2. **TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES** from any and all liability for damage to property of, or personal injury to, any third party resulting from my participation at the Unifor National and/or Local Union and/or Council recreational event;
3. This Agreement shall be effective and binding upon my heirs, next to kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Agreement shall be governed by and interpreted in accordance with the laws of the Province of Ontario; and
5. Any litigation involving the parties to this Agreement shall be brought within the Province of Ontario.

In entering into this Agreement I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

I have read and understand this agreement. I am aware that by signing this agreement 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 participant is under 19 years of age, signature of parent or guardian is required