



PAL INTERCLUB GOLF TOURNAMENT

LADIES' DIVISION - MEDICAL WAIVER

(For participants of the 2017 PAL Ladies Interclub Golf Tournament)

I, _____ of legal age, a citizen of
(Name)

_____ single/married and a resident of _____

hereby declares:

1. That I am a member of (team) _____ and a participant to the 2017 PAL LADIES Interclub Golf Tournament in Cebu City from September 18-22, 2017.
2. That I hereby certify that I am medically and physically fit to participate in the said tournament.
3. That I voluntarily join the tournament and hereby absolve the organizers of the PAL Interclub, its officers and sponsors, and all members and officers of the tournament, from any liability that may arise as a result of my joining the tournament.
4. That I do further release and discharge the organizers, officers and sponsors of said tournament, from any and all action/s, suit/s, damage/s, claim/s and/or demands which may arise in the course of my joining the tournament.

IN WITNESS WHEREOF, I have hereunto affix my signature this _____ day of September 2017 at Cebu City, Philippines.

Signature over Printed Name
(Participant)

Attested by:

Team Captain

Note: Please submit immediately to the Interclub Secretariat or to the Starters Committee before the start of the tournament.