

**Please fill out, sign and return to Kansans for Life by June 1st**

Mail to: KFL, P.O. Box 4448, OPKS 66204

**OR**

**SIGN WAIVER AT EVENT but R.S.V.P. BY PHONE: (913) 642-LIFE A.S.A.P.**

# **Kansans for Life Golf Fundraiser 2017 Participant Commitment Agreement**

**Please read and sign this commitment statement, fill out the information, and return it to Kansans for Life.**

\_\_\_\_ **YES!** I want to participate in the KFL Golf for Life Scramble, Tuesday, June 6th at Painted Hills Golf Course in KC, KS.

I will make an effort to reach the pledge goal of \$ 1,500 (please initial) \_\_\_\_\_, and hereby commit to put forth the ultimate effort to do so. (New participants are not expected to reach this benchmark, and veterans are just expected to TRY.)

\_\_\_\_ **YES!** I understand that I am to have my pledge campaign in full swing within the first week after making my commitment.

\_\_\_\_ **YES!** I am sponsoring myself at \$100 for this effort.

\_\_\_\_ **YES!** Please send a list of my past donor lists to **MY EMAIL ADDRESS:** \_\_\_\_\_

Any other ways the KFL office can be of assistance? We will do the billing for any funds not collected ahead of time. Do you need mailing labels, phone number look ups, making excel spread sheets of any info, extra pledge forms? Let us know. We're here to help! Do not hesitate to call us at **913-642-LIFE** or email **kansansforlife@aol.com**.

**My shirt size is:** \_\_\_\_\_

## **Medical Information & Waiver of Liability**

I recognize that there is an element of risk in any outdoor sport or activity. Understanding the inherent risks, dangers, and rigors involved in the above-mentioned golf event, I certify that I am fully capable of participating in this golf event. I hereby assume all risks involved in playing in the above-mentioned golf event. I and my heirs, successors, and assigns will hold the host organization, Kansans for Life, Inc., and the management and owners of the host golf course(s) harmless from any and all liabilities, actions, causes of action, debts and claims resulting from the above-mentioned golf event.

**YES! I have read the Medical Information & Waiver of Liability and fully agree to its terms.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Organization: Kansans City Regional Kansans for Life 7808 Foster, Overland Park, KS 66204

Participants Name \_\_\_\_\_

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

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**In case of Emergency notify this person:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Telephone Numbers for Emergency Notification: Home:** \_\_\_\_\_ **Wk:** \_\_\_\_\_ **Cell:** \_\_\_\_\_