



network

Harmarville
Outreach Programs
and Educational
Network



25th Annual Chuck Scally Memorial Open
For Golfers with Disabilities,
Monday, August 14, 2017
Fox Run Golf Course, Beaver Falls, PA

The Chuck Scally Memorial Open is an ongoing tribute to a man who dedicated himself to helping people with disabilities experience and enjoy the game of golf. Chuck Scally, Sr. was not only the golf pro and owner of Scally's Golf Center in Moon Twp., but he was also a great friend of golfers throughout the tri-state area, especially golfers with disabilities. This tournament, which was originally started with Chuck's tireless assistance, is named in his honor. Now, we take this opportunity to remember his generosity and to celebrate the gift of golf he shared with everyone.

Celebrating its 25th year, the Chuck Scally Memorial Open, a scramble format tournament, is the only golf tournament in western PA open to players with all types of disabilities, including leg and arm amputation, spinal cord injury, arthritis, cerebral palsy, stroke, polio, brain injury, and orthopedic disabilities.

The **deadline for registration is Friday, August 4th.** The registration fee is \$50 and includes green fees, shared golf cart, commemorative golf shirt, lunch, beverages and a post tournament awards banquet. Guests may attend for an additional \$20.

Trophies will be awarded to the top 3 teams. Other prize categories include closest to the pin, longest putt, and longest drive. Tournament details and directions to Fox Run will be sent with your registration confirmation.

Registration Form

Name: _____ Date of Birth: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of Disability: _____ Onset of Disability: _____

Limitations: _____

Have you played since your illness/injury? Yes No: If yes, what is your golf handicap? _____

What would you consider to be the strongest part of your game? _____

Shirt Size: M L XL XXL XXXL

How many additional guests will be attending the banquet (\$20 per guest)? _____

Please mail completed registration form along with a check made payable to:

HOPE Network
320 Guys Run Rd.
Pittsburgh, PA 15238

For more information, call Mark Kulzer at 412-848-8896 or Kim Bish at 814-229-2877



Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. “Released Parties” include Disabled Sports USA, Three Rivers Adaptive Sports, and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Three Rivers Adaptive Sports related events and activities, the Undersigned (“Undersigned” means only the Participant when the Participant is age 18 or older or it means both the Participant and the Participant’s parent or legal guardian when the Participant is under the age of 18) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and

expenses whether or not in litigation, arising out of, or related to, Participant’s participation in the activities.

3. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

4. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of PA and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Allegheny County, PA; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

Participant’s Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18

Date of Birth

Undersigned parent or legal guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor and that the minor shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the activities. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Relationship	Emergency Phone	Date

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant’s Signature	Participant's Name (please print clearly)	Date

Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Relationship	Date