Trilogy Challenge & Disc Golf Clinic
Saturday, October 3, 2015
*Raindate of Sunday, October 4, 2015
Clinic: 10:30 a.m. – Noon
Tournament: 12:30 p.m. shot gun start

Please complete the following:

Name: __________________________  Age: __________
Address: __________________________________________
____________________________________________________
Phone: ____________________________  Email: ________________

□ $30.00 Tournament Fee (by 9/27/15)
   Tournament spaces are limited. Registrations will be
   processed on a first-come basis, until spots are filled.
   We will confirm registrations via email as received
   and processed.

Fee includes: Trilogy player packet with 3 unreleased discs, a
Mini disc, clipboard, sharpie and a Trilogy scorecard & pencil.

Binghamton Students, faculty/staff must register
at imleagues.com/binghamton

Make Checks payable to:
Binghamton University

Mail completed form & payment to:
Cindy Cowden
Binghamton Univ. – Recreation
PO Box 6000 – East Gym
Binghamton, NY 13902-6000

In-person registration:
Can be done at the Rec Center Front
Desk during normal building hours. We
accept cash, credit cards and checks.

Trilogy Challenge & Disc Golf Clinic: Informed Consent

In registering as a participant in and in consideration of being permitted by Binghamton University to participate in the Trilogy Challenge & Disc Golf Clinic, I voluntarily agree to assume all risks in and incidental to participation in this activity. Moreover, I release Binghamton University, its officers, employees, agents, assistants, and successors from all claims of damage, demands, and actions whatsoever, whether such damage be known or unknown. This also includes attorney’s fees in any matter arising out of or resulting from or in connection with my participation in the Trilogy Challenge & Disc Golf Clinic.

All participants are encouraged to take part in all activities to the extent of their personal interest and fitness ability. Certain risks of injury are inherent to participation in any fitness and physical activities. Types and extent of injuries may be minor or serious and may result from one’s own actions, the actions of others or a combination of both. In a voluntary program, participants are required to assume responsibility for their own well-being and safety. You are responsible for determining if you should start or continue any activity. Consult the University Health Service or your physician on matters regarding your personal health status.

I have full knowledge of risks involved with this activity, and I am physically fit and sufficiently informed to participate. I fully state that I am personally responsible for all risks of injury or damage to person or property in any way arising out of my participation in this activity.

NAME - PLEASE PRINT

__________________________
SIGNATURE

DATE

campusrec
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