

Mission Statement

The SMGA’s mission is to provide rehabilitative golf programs, experiences, and family inclusive golf opportunities for post 9/11 wounded war veterans in an effort to improve the quality of life for these American heroes. Eligible veterans and service members include those wounded or injured in post 9/11 military operations, including those with Post-Traumatic Stress Disorder (PTSD) and/or Traumatic Brain Injury (TBI).

Program Eligibility

In order to be eligible to be an SMGA **Participant**, you must be a service member or veteran of the US Armed Forces wounded or injured (incl. PTSD and TBI) since post-9/11/2001.

In order to become an SMGA **Member**, you must be a service member or veteran of the US Armed Forces wounded or injured (incl. PTSD and TBI) while conducting overseas contingency operations post-9/11/2001 **AND** have successfully completed an SMGA Clinic Series (6 out of 8 clinics).

Contact Information		
Full Name (including Middle Initial):		Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Rank:	Branch of Service:
Address of Record:		
City:	State:	Zip:
Cell Phone:	E-Mail:	
Emergency Contact		
Name:	Relationship:	Tel:
Disability Information		
Disability/Injury:		
Date Injured:	Where Injury Occurred:	
Are you a Purple Heart recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, cause of Injury:		
Are you under medical treatment or doctor’s care? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you provided a DD214? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I attest, that the information provided on this application is accurate. I have read the SMGA Code of Conduct, and will abide by these rules at all times.

X _____
Signature

X _____
Date



SMGA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

In consideration of being allowed to participate in any way in SALUTE MILITARY GOLF ASSOCIATION'S programs, related events, and activities, I for myself, and/or on behalf of the below named minor participant, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise SALUTE MILITARY GOLF ASSOCIATION of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue SALUTE MILITARY GOLF ASSOCIATION, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Signature Participants Name (PLEASE PRINT CLEARLY) Date

FOR PARTICIPANTS UNDER THE AGE OF 18 Date of Birth _____

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

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

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to SALUTE MILITARY GOLF ASSOCIATION to copyright and/or publish any and all photographs, digital recordings, videotapes and/or film in which I appear may be used for public view. I further agree that SALUTE MILITARY GOLF ASSOCIATION 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.

X _____
Participant's Signature Participant's Name (PLEASE PRINT CLEARLY) Date

FOR PARTICIPANTS UNDER THE AGE OF 18

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