



22ND ANNUAL

# Schoodic Scramble

To benefit the Eleanor Widener Dixon Memorial Clinic

Saturday, September 7, 2019

Grindstone Neck Golf Course • Winter Harbor, Maine

## Registration Form

*Please reserve as soon as possible. This event fills quickly.*

\$90.00 ENTRY FEE (Team of 4 - \$360)

REQUESTED TEE TIME:

7:30AM     12:30PM

**Team Captain Name** \_\_\_\_\_

Address \_\_\_\_\_ Handicap \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Player 2 Name** \_\_\_\_\_

Address \_\_\_\_\_ Handicap \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Player 3 Name** \_\_\_\_\_

Address \_\_\_\_\_ Handicap \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Player 4 Name** \_\_\_\_\_

Address \_\_\_\_\_ Handicap \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Payment Information

Individual player (\$90)                      \$ \_\_\_\_\_

Team/foursome (\$360)                      \$ \_\_\_\_\_

Golf cart\* (\$20)                              \$ \_\_\_\_\_

I/we will sponsor a tee (\$150)              \$ \_\_\_\_\_

I/we will sponsor a green (\$250)          \$ \_\_\_\_\_

**Total amount**    \$ \_\_\_\_\_

Check (payable to Northern Light Maine Coast Hospital Foundation, note Scramble 2019 on memo line)

Personal Credit Card     Business Credit Card

VISA     MasterCard     Discover

Cardholder's Signature \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_ CVV Code \_\_\_\_\_

Signature \_\_\_\_\_

Please provide billing information:

Company Name (if applicable) \_\_\_\_\_

Name/Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mail to** Northern Light Maine Coast Hospital Foundation  
PO Box 796, Ellsworth, ME 04605

**For more information** call 207.664.5548 or  
email [joann.brown@northernlight.org](mailto:joann.brown@northernlight.org)

*\*A limited number of golf carts is available for those with a medical necessity - \$20/cart. Please call 207.664.5548.*

22ND ANNUAL

# Schoodic Scramble

To benefit the Eleanor Widener Dixon Memorial Clinic

Saturday, September 7, 2019

Grindstone Neck Golf Course • Winter Harbor, Maine

## Waiver Please sign and return with registration.

Name: \_\_\_\_\_ Team: \_\_\_\_\_

**Waiver:** In consideration of being permitted to participate in the 2019 Northern Light Maine Coast Hospital Schoodic Scramble Golf Tournament, I agree to assume any and all liability and responsibility for any and all potential risks which may be associated with my attendance and participation in such activity or any incidental activities. I hereby voluntarily exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, Northern Light Maine Coast Hospital, Northern Light Health Foundation, Northern Light Health and its officers, agents, servants, employees or anyone acting on its behalf (“RELEASEE”), from any liability or responsibility for any property damage, personal injury, or wrongful death that I might sustain which is incident to and/or associated with preparing for and/or while attending and participating in the activity, whether caused in whole or in part by RELEASEE’s negligence, foreseen or unforeseen, known or unknown, including travel to and from activity locations. This waiver, release and discharge includes, but is not limited to, any claims for compensatory damages, consequential damages, reimbursement of medical or other costs, claims for lost income, and any other claims. I agree not to sue any RELEASEE for any such claims. I understand that this Release is intended to RELEASE THE RELEASEE FROM ITS OWN NEGLIGENCE LIABILITY. I understand that this Release will be construed and interpreted under Maine law. This Release is intended to be complete, unconditional, and as broad as the law will allow.

I acknowledge that I have carefully read and understand this waiver and release of liability and that I agree to its terms and conditions.

THIS AGREEMENT RELEASES LIABILITY FOR NEGLIGENCE! DO NOT SIGN WITHOUT READING!

Signature \_\_\_\_\_

\_\_\_\_\_  
Mailing Address (Home) City State Zip

\_\_\_\_\_  
Email