



Partnerships *InAction* | Golf

SEATTLE

**Golf Club at Newcastle
Friday July 23rd, 2010**

Player Registration Form

Company Name: _____ Date: _____

Foursome Contact: _____ Tel: _____

Payment: Check # _____ Amount: \$ _____ (Make checks payable to: **Aga Khan Foundation U.S.A.**)

(Individual Fee: \$495)

PLEASE PRINT CLEARLY

PLAYER 1		Last Name	First Name
Registration Information	Street/Apt#		
	City	State	Zip
	Contact#		Donor ID
	Email		Shirt Size
Payment Information	Check #		Amount US\$

PLAYER 2		Last Name	First Name
Registration Information	Street/Apt#		
	City	State	Zip
	Contact#		Donor ID
	Email		Shirt Size
Payment Information	Check #		Amount US\$

PLAYER 3		Last Name	First Name
Registration Information	Street/Apt#		
	City	State	Zip
	Contact#		Donor ID
	Email		Shirt Size
Payment Information	Check #		Amount US\$

PLAYER 4		Last Name	First Name
Registration Information	Street/Apt#		
	City	State	Zip
	Contact#		Donor ID
	Email		Shirt Size
Payment Information	Check #		Amount US\$

Checks should be PAYABLE to: Aga Khan Foundation U.S.A. 1825 K Street N.W., Suite 901 Washington, DC 20006 Tel: (202) 293-2537	Checks and forms should be MAILED to: Partnership Golf c/o: Al Jiwani 420 Ellingson Road, Suite 200 Pacific, WA 98047 Tel: (253) 833-7863 al@trimarkpropertygroup.com
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Aga Khan Foundation U.S.A.

An agency of Aga Khan Development Network

1825 K Street N.W., Suite 901, Washington, DC 20006

Phone: (202) 293-2537 ▪ Fax: (202) 785-1752

www.PartnershipsInAction.org ▪ www.akdn.org



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SEATTLE

**Golf Club at Newcastle
Friday July 23rd, 2010**

Dinner Only Registration Form

Dinner Only Fee: \$100 per person

Company Name: _____

Date: _____

Payment: Check # _____ Amount: \$ _____ (Make checks payable to: **Aga Khan Foundation U.S.A.**)

PLEASE PRINT CLEARLY

Attendee 1		Last Name	First Name
Registration Information	Street/Apt#		
	City	State	Zip
	Contact#	Donor ID	
	Email		
Payment Information	Check #	Amount US\$	

Attendee 2		Last Name	First Name
Registration Information	Street/Apt#		
	City	State	Zip
	Contact#	Donor ID	
	Email		
Payment Information	Check #	Amount US\$	





WAIVER FORM
PartnershipsInAction Golf Tournament
Seattle 2010

PartnershipsInAction | Golf

Mr. Mrs. Ms. Dr. Name _____

Company Name _____

Address _____
City State Zip

Phone () _____ Fax () _____ Email _____

WAIVER MUST BE READ AND SIGNED BEFORE PARTICIPATING

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant in the Partnership Golf Tournament on **July 23rd, 2010**, I for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE corporations of **the municipality of Newcastle, WA, Oki Golf, The Golf Club at Newcastle, Aga Khan Foundation U.S.A.**, and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, servants, contractors, representatives, elected and appointed officials, successors and assigns OF AND FROM ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS AND CAUSES AND ACTION, WHETHER IN LAW OR IN EQUITY, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor or otherwise; whether prior to, during or subsequent to the event AND NOT WITHSTANDING that same may have been contributed to or occasioned by the negligence of any of the aforesaid. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAVE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT THAT I AM PHYSICALLY FIT TO PARTICIPATE IN THIS EVENT. I hereby authorize Aga Khan Foundation USA to record my picture and voice on photographs, films and tapes and to incorporate these recordings into any video, photograph, publication or any other material and to use and license others to use such recordings and images in any manner of media whatsoever, including unrestricted use of my name, voice, and biographic or other information in connection therewith.

Signature of Participant

Date

