



Benefiting the REALTORS® Care Charitable Fund



SPONSORSHIP LEVELS (last updated: 5/14/26)

HOLE IN ONE (1 Available) \$5,000

- Opportunity to host the registration table
- Sponsor provided logo on marketing forms
- Sponsor provided logo on marketing social media posts
- One social media post
- Sponsor provided logo on SCCAR & event websites
- Sponsor provided logo in marketing emails
- Recognition at Installation & Awards Luncheon

EAGLE (1 Available), \$1,500

- Opportunity to sponsor the beverage & refreshment cart (must provide any additional decorations or materials)
- One social media post
- Sponsor provided logo on SCCAR & event websites
- Sponsor provided logo in marketing emails
- Recognition at Installation & Awards Luncheon

FORE! (2 Available), \$1,000

- Sponsor golf raffle items, opportunity to announce winners (Legion's Pro Shop *picked by SCCAR*) **OR** Co-Host Putting Contest w/ SCCAR.
- Two social media post
- Sponsor provided logo on SCCAR & event websites
- Recognition at Installation & Awards luncheon

TEE SHOT (2 Available), \$600 +Alcohol

- Host an alcohol hole at the tournament
- One social media post
- Sponsor provided logo on SCCAR & event websites
- Recognition at Installation & Awards Luncheon

BIRDIE (16 Available), \$600

- Host a hole at the tournament
- One social media post
- Sponsor provided logo on SCCAR & event websites
- Recognition at Installation & Awards Luncheon

PAR (Unlimited), \$250

- One social media post
- Sponsor provided logo on SCCAR & event websites
- Recognition at Installation & Awards Luncheon

BOGEY (Unlimited), \$ _____

- Any donation amount welcome!
- We can work with you on sponsorship benefits which fit your contribution level

Sponsor Registration
Please return your completed form to:
Email: jordyn@sccar.org
Or mail completed form and checks to:
Snohomish County-Camano
Association of REALTORS®
3201 Broadway, Suite C
Everett, WA 98201

Company Name:		
Contact:		
Phone:	Fax:	
Email:		
Credit Card Payments		
Credit Card #:		
Billing Address:		
Exp. Date:	CCV (3 digit code):	Signature:

SPONSORSHIP TERMS AND CONDITIONS

Alcohol Policy - Washington State Liquor Law and the City of Everett forbids individuals from bringing their own alcoholic beverages upon the premises.

All liquor must be purchased through Legion Memorial Golf Course. All purchases must be consumed on premises by order of the Washington State Liquor Control Board.

Any individuals bringing their own alcohol will have it confiscated and may be requested to leave the premises without any refund. Legion staff has the right to stop serving any individual or group in order for us to serve responsibly and ensure the safety of all our customers and employees.

As a condition of Legion Memorial Golf Course's premises and more particularly the provision of alcoholic beverages by Legion, all person hereby expressly waive any liability on the part of Legion Memorial Golf Course and/or the Snohomish County-Camano Association of REALTORS® arising out of the consumption of alcoholic beverages and agree to indemnify and save harmless the Snohomish County-Camano Association of REALTORS® from any and all claims, damages or law suits referable to the consumption of alcoholic beverages.

If you are a "Tee Shot" sponsor, the alcohol for your hole must be arranged and purchased through Legion Memorial Golf Course prior to the day of the event.

Selection of holes for "Birdie" level sponsors will be allocated strictly on a first come first serve basis upon receipt of completed sponsorship form and payment. SCCAR further reserves the right to reassign any designated sponsor holes if necessary. Hole sponsorship will include a sign with sponsor name posted at your designated hole. Sponsors are solely responsible for providing their own tables and any other games and/or giveaway items at their designated hole. Sponsors are solely responsible for ensuring all items and materials brought to their designated hole location are removed at the conclusion of the event.

All purchases and donations are non-refundable.

ACKNOWLEDGMENT AND LIABILITY WAIVER AND RELEASE OF CLAIMS

I desire to, and willingly, participate in Golf & Give hosted by the Snohomish County-Camano Association of REALTORS® ("SCCAR"), a Washington not-for-profit corporation at 3201 Broadway, Suite Everett WA 98201. In consideration of being permitted to attend and participate in the event, and in recognition of SCCAR's reliance hereon, I agree to the terms and conditions set forth in this agreement.

I am aware that the coronavirus disease (COVID-19) has been declared a worldwide pandemic by the World Health Organization, and understand that my participation in this event is a potentially dangerous activity and involves the risk of serious injury, disability, death, and/or economic loss. I am also aware of the highly contagious nature of bacterial and viral diseases, including COVID-19 and other infectious diseases, and of the risk that I may be exposed to or contract by attending this event, which may result in serious illness, personal injury, disability, death, and/or economic loss. I acknowledge that these risks may result from or be compounded by the actions, omissions, or negligence of SCCAR. I understand that while SCCAR has implemented measures to reduce the risks associated with the event and the spread of potential diseases, SCCAR cannot guarantee that I will not be injured or become infected, as a result of my participation in this event and that attending this event may increase my risk of contracting an illness or injury.

ASSUMPTION OF RISK

NOTWITHSTANDING THE AFOREMENTIONED RISKS, I ACKNOWLEDGE THAT I AM VOLUNTARILY PARTICIPATING IN THE EVENT WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND THAT MY ATTENDANCE INCLUDES THE POSSIBILITY OF EXPOSURE TO AND ILLNESS FROM THE DISEASE, INCLUDING BUT NOT LIMITED TO COVID-19. I HEREBY KNOWINGLY AND FREELY AGREE TO ACCEPT AND ASSUME ALL RISKS OF INJURY, ILLNESS, DISABILITY, DEATH, HARM AND LOSS ASSOCIATED WITH OR ARISING FROM MY ATTENDANCE AT THE EVENT, WHETHER CAUSED BY THE NEGLIGENCE OR CONDUCT OF SCCAR OR ANY RELEASEE HEREUNDER.

RELEASE AND WAIVER

I HEREBY EXPRESSLY WAIVE AND RELEASE ANY AND ALL CLAIMS, AND DEMANDS OF WHATEVER KIND OR NATURE NOW KNOWN OR HEREAFTER KNOWN, AGAINST SCCAR, AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND AFFILIATES (COLLECTIVELY, "RELEASEES"), EITHER IN LAW OR EQUITY, AND THAT THIS RELEASE IS INTENDED TO BE AS BROAD AND INCLUSIVE TO THE FULLEST EXTENT PERMISSIBLE BY LAW, INCLUDING BUT NOT LIMITED TO DAMAGES OR LOSSES CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF THE RELEASEES, INCLUDING BUT NOT LIMITED TO ILLNESS, DISABILITY, DEATH, ECONOMIC LOSS OR OUT OF POCKET EXPENSES OR LOSS OR DAMAGE TO PROPERTY ARISING OUT OF OR ATTRIBUTABLE TO MY PARTICIPATION IN AND ATTENDANCE AT THE EVENT, WHETHER CAUSED BY OR ARISING OUT OF THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND OF SCCAR OR ANY RELEASEES. I COVENANT NOT TO MAKE OR BRING ANY CLAIM I, MY HEIRS, ASSIGNEES, NEXT OF KIN AND/OR LEGALLY APPOINTED OR DESIGNATED REPRESENTATIVE, MAY HAVE OR WHICH MAY HEREAFTER ACCRUE ON MY BEHALF AGAINST SCCAR OR ANY RELEASEE, AND FOREVER RELEASE AND DISCHARGE SCCAR AND ALL RELEASEES FROM LIABILITY UNDER SUCH CLAIMS.

MEDICAL ACKNOWLEDGEMENT AND RELEASE

I confirm and agree that: a) I will not attend this event if I am experiencing symptoms of illness (including but not limited to a cough, shortness of breath, fever, or any other potential contagious symptom), have a confirmed or suspected case of illness, or have knowledge that in the 14 days prior to this event that I have come into contact with a person who has been confirmed to have or suspected of having a contagious illness; b) I am required to and will comply with all federal, state, and local laws, orders, directives, and guidelines related to this event and while participating in this event; c) I will follow all instructions, recommendations, and cautions of SCCAR at all times during this event; d) I will participate in and cooperate with contact tracing efforts by state and local governments and by SCCAR; e) I will immediately cease participation in this event if at any time during the event I believe I am no longer in proper physical condition to participate in the event; and f) if during the event, or within fourteen days after participating in the event, I begin experiencing symptoms of a contagious illness or test positive for a contagious illness, I will immediately discontinue further participation in this event and immediately notify SCCAR's Executive Officer or SCCAR's Board of Directors.

I HEREBY CONSENT TO RECEIVE MEDICAL TREATMENT DEEMED NECESSARY IF I AM INJURED OR REQUIRE MEDICAL ATTENTION DURING MY PARTICIPATION IN THE EVENT. I UNDERSTAND AND AGREE THAT I AM SOLELY RESPONSIBLE FOR ALL COSTS RELATED TO SUCH MEDICAL TREATMENT AND ANY RELATED MEDICAL TRANSPORTATION AND/OR EVACUATION. I HEREBY RELEASE, FOREVER DISCHARGE, AND HOLD HARMLESS SCCAR AND THE RELEASEES FROM ANY CLAIM BASED ON SUCH TREATMENT OR OTHER MEDICAL SERVICES RENDERED IN CONNECTION WITH MY PARTICIPATION IN THIS EVENT.

INDEMNIFICATION

I agree to indemnify and hold harmless SCCAR and all other Releasees against any and all claims, actions, suits, procedures, costs, expenses, damages, liabilities, and expenses of whatever kind, including attorney fees, brought as a result of my participation in the Event and to enforce any indemnification right under this Release, and to reimburse SCCAR and all Releasees for any such expenses incurred.

This Release constitutes the sole and entire agreement of SCCAR and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Release is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability will not affect any other term or provision of this Release or invalidate or render unenforceable such term or provision in any other jurisdiction. This Release is binding on and shall inure to the benefit of SCCAR and the Releasees and me. All matters arising out of or relating to this Release will be governed by and construed in accordance with the laws of the State of Washington without giving effect to any choice or conflict of law provision or rule. Any claim or cause of action arising under this Release may be brought only in the federal and state courts located in King County, Washington and I hereby consent to the exclusive jurisdiction of such courts.

BY ATTENDING AND/OR PARTICIPATING IN THE EVENT, YOU ARE DEEMED TO HAVE GIVEN A FULL RELEASE OF LIABILITY TO THE RELEASED PARTIES TO THE FULLEST EXTENT PERMITTED BY LAW. BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE SCCAR.

(REQUIRED) Please check the box to acknowledge you've read & agreed to these terms.

I, the undersigned, do hereby acknowledge by attending and/or participating in the event, you are deemed to have given a full release of liability to the released parties to the fullest extent permitted by law. By signing, I acknowledge that I have read and understood all of the terms of this release and that I am voluntarily giving up substantial legal rights, including the right to sue the company. I agree that myself, or anyone else representing my company, agree to these terms.

(REQUIRED) Company Name: _____

(REQUIRED) Your Name: _____

(REQUIRED) Your Signature: _____

(REQUIRED) Date: ___/___/_____