WIAA State Golf Tournament: Disability/Medical Golf Cart Request

Motorized golf carts are available for persons who have been issued a disability parking certificate or disability license plate by the State of Wisconsin and for persons physically disabled under the Americans With Disability Act or with a note from a Doctor for a medical condition. Only the person to whom the sticker has been issued may occupy the golf cart without the written permission of the tournament director or his/her designee.

Priorities for renting carts are as follows when a course allows:

1. Head Golf Coach, one cart per school
2. Persons who have been issued a disability parking certificate or disability license plate by the State of Wisconsin and for persons physically disabled under the American with Disabilities Act
3. Persons with a note signed by a Doctor for a medical condition

OPERATING YOUR OWN CART

I, _____ (print name), present for inspection and affirm that I have been issued a disability parking certificate or disability license plate by the State of Wisconsin or that I am physically disabled under the Americans With Disability Act or have provided a signed Doctor's note for a medical condition. I accept the responsibility to operate a motorized golf cart in a safe manner on the golf course, and I agree to abide by the directions given to me by the course management.

I agree to defend, hold harmless, and indemnify the Wisconsin Interscholastic Athletic Association, its officers, employees and agents against claims for loss, damage or injuries sustained by me or by persons or property arising out of my attendance at the golf tournament or connected with the operation or use of the motorized golf cart at the golf tournament.

I understand and agree that my failure to abide by the above terms will cause me to forfeit my opportunity to rent a golf cart for the balance of the state golf tournament.

Name: _____ Date: _____

DISABILITY PREVENTS YOU FROM OPERATING YOUR OWN CART

ADA# _____

I, _____ (print name), present for inspection and affirm that I have been issued a disability parking certificate or disability license plate by the State of Wisconsin or that I am physically disabled under the Americans With Disability Act or have provided a signed Doctor's note for a medical condition. My disability prevents me from operating a motorized golf cart; therefore, I am designating _____ as the driver of the cart. We accept the responsibility to operate a motorized golf cart in a safe manner on the golf course, and we agree to abide by the directions given to us by the course management.

We agree to defend, hold harmless, and indemnify the Wisconsin Interscholastic Athletic Association, its officers, employees and agents against claims for loss, damage or injuries sustained by us or by persons or property arising out of our attendance at the golf tournament or connected with the operation or use of the motorized golf cart at the golf tournament.

We understand and agree that our failure to abide by the above terms will cause us to forfeit our opportunity to rent a golf cart for the balance of the state golf tournament.

Name: _____ Date: _____

Driver: _____