



**120TH U.S. OPEN CHAMPIONSHIP  
WINGED FOOT GOLF CLUB | MAMARONECK, NY | JUNE 15-21, 2020  
VOLUNTEER APPLICATION**

**Thank you for your interest in volunteering for the 120th U.S. Open Championship! Please read the following information carefully, prior to completing your volunteer application. Incomplete applications may not be accepted.**

Winged Foot Golf Club will host the 120th U.S. Open Championship from June 15-21, 2020. Approximately 4,500 dedicated individuals comprise the Volunteer Program for the 120th U.S. Open! It is our goal to provide each volunteer with a unique and exciting experience during the championship. Should you have any questions regarding the application, please contact the Championship Office at [2020usopen@usga.org](mailto:2020usopen@usga.org).

All volunteers for the 120th U.S. Open Championship will volunteer for a minimum of four (4) shifts with each shift lasting between four (4) to six (6) hours, and will be responsible for arriving at their assigned positions on time, without the use of cart transportation. Volunteers will not be paid wages or compensated in any other manner in exchange for their volunteer activities. Volunteers will be required to purchase the Volunteer Package for \$185. As part of the Volunteer Package, volunteers will receive a credential valid for all seven (7) days of the championship, apparel pieces specifically designed for the 120th U.S. Open Championship and a meal voucher for each assigned shift. The Volunteer Package will consist of two (2) logoed golf shirts, a wind jacket and a piece of headwear.

You can fill out the application online at: <http://2020volunteers.usga.org> OR complete this form in its entirety and return it to the attention of the 120th U.S. Open Championship Office, 851 Fenimore Road, Mamaroneck, NY 10543 as soon as possible. **Volunteer opportunities are largely granted on a first-come, first-served basis. The Championship Office will notify you if you have been selected as a volunteer.** Please note, volunteers will be subject to a criminal history background check and/or a Department of Motor Vehicles (DMV) driving record check based on committee assignment.

**I. GENERAL INFORMATION** - Type or print clearly and fill out the **ENTIRE** application. Incomplete applications may not be accepted.

MR. or MS. First Name:\_\_\_\_\_ MI:\_\_\_\_\_ Last Name:\_\_\_\_\_ (Circle One)

Mailing Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Country:\_\_\_\_\_

Shipping Address:\_\_\_\_\_ (If different from Mailing Address—Post Office Boxes are NOT an acceptable shipping address)

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip Code:\_\_\_\_\_ Country:\_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellphone:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MM/DD/YEAR)

Email Address:\_\_\_\_\_

(Please PRINT your email address clearly)

\_\_\_\_\_ I am a Member of the USGA. Please indicate membership number:\_\_\_\_\_

\_\_\_\_\_ I am a member of a local golf and/or country club or organization. Please provide the club or organization name:  
\_\_\_\_\_

1. Will you be 18 years of age or older by June 15, 2020? **YES** or **NO**

**\*Note:** If not, application must be signed by a parent or guardian in Section VI and submitted via hard copy, not online.

2. Do you have a valid driver's license? **YES** or **NO**

II. **VOLUNTEER APPAREL INFORMATION** - Please circle the appropriate sizes below. The Volunteer Apparel Package will consist of two (2) logoed golf shirts, a wind jacket and one piece of headwear. Headwear is one size fits all (except Bucket Hat). Men may wear their own khaki pants, or shorts if it is extremely hot. Women may wear khaki skirts, bermuda shorts, pants or skirts of appropriate length. You will be able to change your volunteer apparel size until January 2020.

**Men's Golf Shirt:** S M L XL XXL XXXL

**Women's Golf Shirt:** S M L XL XXL

**Men's Golf Jacket:** S M L XL XXL XXXL

**Women's Golf Jacket:** S M L XL XXL

III. **COMMITTEE DESCRIPTIONS** - For more detailed descriptions, including physical requirements, please email [2020usopen@usga.org](mailto:2020usopen@usga.org).

**Admissions:** Check fans for proper tickets or credentials when entering admission gates. **Morning shifts may begin as early as 5:00 a.m. EST.**

**Merchandise:** Assist in the fast-paced, air-conditioned, 37,000 sq. ft Merchandise Pavilion, where you'll be assigned to one of many merchandising functions such as cashier, vendor support, product return and more. You'll work alongside USGA staff, interns, volunteers and golf apparel vendors.

IV. **COMMITTEE PREFERENCE** - Please list your top four (4) preferences for your choice of committee during the championship. If approved as a volunteer, we will do our best to assign you to one of your four choices. However, some committees fill up quickly and you may be assigned to a committee in need of additional volunteers. Please remember each volunteer will be expected to volunteer their services for a **minimum** of four (4) shifts, with each shift lasting approximately four (4) to six (6) hours.

I am willing to serve on any volunteer committee.

I am physically able to perform the functions of the committees I have designated in my preferences below.

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**Notes:** Depending on committee assignments, volunteers may be subject to a criminal history background check and/or a Department of Motor Vehicles (DMV) driving record check. In such cases, volunteers will be required to complete an additional background authorization form that will be furnished at a later date. Volunteers will be responsible for arriving at their assigned positions on time, without the use of cart transportation.

V. **PREVIOUS EXPERIENCE** - Please list previous volunteer experiences you have had at USGA championships and/or other tournaments.

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## VI. RELEASE AND WAIVER

I desire and agree to provide certain services on a volunteer basis to the United States Golf Association and to engage in activities related to serving as a volunteer ("Volunteer Services"). I understand that, by signing below (or my parent/guardian signing below, in case I am under 18 years old), I am releasing and forever discharging and holding harmless the United States Golf Association, a nonprofit corporation organized and existing under the laws of the State of Delaware, and each of its directors, officers, employees, vendors, contractors, affiliates, agents, sponsors and co-sponsors, and corporate partners (collectively, the "USGA"), as follows:

1. **Acknowledgement:** I understand and acknowledge that the scope of my relationship with USGA is limited to a volunteer position and that no compensation is expected in return for my services; that USGA will not provide me with any benefits traditionally associated with employment; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my Volunteer Services.

2. **Waiver and Release:** I release and forever discharge and hold harmless USGA and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the Volunteer Services I provide to USGA ("Release"). I understand and acknowledge that this Release discharges USGA from any liability or claim that I may have against USGA with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to USGA or occurring while I am providing Volunteer Services.

3. **Insurance:** I understand that USGA does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of USGA.

4. Medical Treatment: I hereby Release and forever discharge USGA from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with USGA.

5. Assumption of Risk: I understand that the services I provide to USGA may include activities that may be hazardous to me, including inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release USGA from all liability.

6. Photo/Video Release: I grant and convey to USGA all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness made by USGA in connection with my providing Volunteer Services to USGA, and agree that the USGA may use such material for any lawful purpose.

7. Other: As a volunteer, I expressly agree that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by law and that this agreement shall be governed by and interpreted in accordance with the laws of the State in which my Volunteer Services are provided. I agree that in the event that any clause or provision of this agreement is deemed invalid, the enforceability of the remaining provisions of this agreement shall not be affected. If the services are provided in California, I understand and hereby agree that all rights under Section 1542 of the Civil Code of California and any similar law of any state or territory of the United States are hereby expressly waived. That section reads as follows: "1542. Certain claims not affected by general release. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release which if known by him must have materially affected his settlement with the debtor."

**VII. SIGNATURE**

My signature below indicates my acknowledgement that the USGA may undertake an official background (check/review). It also confirms my understanding that my volunteer position is not guaranteed, nor if granted, guaranteed for any length of time and that the USGA may deny or end my volunteer opportunity at any time, for any reason, with or without prior notice. I acknowledge that I have reviewed this application and understand its terms, in particular, that I have chosen to apply for a volunteering position with the knowledge that I will not be compensated in monetary wages or any other form. I hereby agree that any current or future controversy or claim between me and the USGA arising out of or relating to my volunteer activities must be submitted for confidential, final and binding resolution by a private and impartial arbitrator to be jointly selected by me and the USGA from a list of neutral arbitrators provided by Judicial Arbitration and Mediation Services, Inc. (JAMS), in accordance with the then-current JAMS rules and procedures. I further agree that the arbitrator shall have the power to award any remedies, available under applicable law, and the arbitration shall take place in a location chosen by mutual written agreement. In agreeing to submit all disputes for resolution by arbitration, I acknowledge that such agreement is given in exchange for rights or benefits to which I am not otherwise entitled—namely, being permitted to volunteer at the U.S. Open Championship and the more expeditious and confidential resolution of any such disputes. By signing this agreement, I hereby waive my right to commence, or be a party to, any class or collective claims or to bring jointly any claim against the USGA with any other person. My signature below further acknowledges that my attendance at the championship as a spectator shall be subject to all the terms and conditions set forth in the U.S. Open Championship ticket license, which will be available at [www.usopen.com](http://www.usopen.com).

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Please Print Full Legal Name of Volunteer:\_\_\_\_\_

Signature of Volunteer:\_\_\_\_\_ Date:\_\_\_\_\_

Certification of Parent or Guardian, if Volunteer is under 18 years old: As PARENT OR GUARDIAN of the volunteer, I am familiar with the volunteer's plans to provide Volunteer Services and that the volunteer does so with my approval and consent. I, for myself and the volunteer hereby release the USGA and the host club and their respective committee members, officers and employees from any and all liability for any event or consequence whatsoever in any way arising out of or relating to the volunteer's participation in the Championship. In case of a medical emergency occurring during the Championship, I authorize a qualified medical professional to take all necessary measures in the treatment of the volunteer. I understand that I may be contacted by a Championship representative for verification purposes.

Parent/Guardian Name and Address:\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Phone:\_\_\_\_\_

Parent/Guardian Email:\_\_\_\_\_

Relationship to Volunteer:\_\_\_\_\_

Signature of Parent or Guardian:\_\_\_\_\_ Date:\_\_\_\_\_

The collection and use of your personal information is subject to the USGA Privacy Policy found at [www.usga.org](http://www.usga.org).

The USGA does not discriminate in the selection among volunteer applications on the basis of race, color, creed, age, national origin, religion or disability.

