

# Sanctuary Junior Golf League

**AGE: 15 and under**

**SIGN UP STARTS MARCH 1ST**

Dates:

June 11<sup>th</sup> through August 6<sup>th</sup>

\$20 Registration Fee

\$10 Green Fees (payable each week)

\$5 Lunch Specials (menu online)

\$4 Pull Cart Rentals (not accepting reservations, 40 available)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Emergency Contact and #: \_\_\_\_\_

----- Office Use Only -----

Method of Payment:    CASH    CHECK    CHARGE    GIFT

Credit Card #: \_\_\_\_\_ Name: \_\_\_\_\_

Exp Date: \_\_ / \_\_    CIV: \_\_ \_\_ \_\_    Payment Received by: \_\_\_\_\_

**NEW LENOX COMMUNITY PARK DISTRICT  
SANCTUARY GOLF COURSE**

**WAIVER, RELEASE OF ALL CLAIMS  
AND HOLD HARMLESS AGREEMENT**

**READ CAREFULLY**

**Please read this form carefully and be aware that, in participating in golfing activities, you will be waiving and releasing all claims for injuries, arising from this rental and activity, that you or the participant might sustain. The terms, "I," "me," and "my" also refer to parents or guardians as well as participants in the program. In renting said equipment or participating in said activities, you are agreeing as follows:**

The undersigned recognizes and acknowledges that golfing activities involve certain inherent risks and dangers. These risks and dangers include, but are not limited to: being struck by a golf ball or equipment, collisions, personal injury, sunstroke, near drowning or death. I acknowledge that neither the New Lenox Community Park District, including the Sanctuary Golf Course, nor their commissioners, officers, agents, employees, volunteers nor representatives are guarantors of my personal safety and that they do not have a duty to protect me from the inherent risks and dangers which I voluntarily assume while engaging in golfing activities at the Sanctuary Golf Course and/or using rented sport equipment or use of the park property for golfing activities.

I, in consideration of my rental from or use of the New Lenox Community Park District for use at the Sanctuary Golf Course in New Lenox, Illinois, hereby agree to waive and relinquish any and all claims I may have as a result of renting or participating in golfing activities against the New Lenox Community Park District, including the Sanctuary golf Course, its commissioners, officers, agents, employees, volunteers, representatives, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while renting and/or operating any such golfing equipment, or participating in golfing activities.

I do hereby fully release and discharge the New Lenox Community Park District, and any and all other released parties, from any and all claims resulting from injuries, including death, damages, and losses sustained by anyone, and arising out of, connected with or in any way associated with my conduct and the golfing equipment rental or activities.

I hereby agree to operate said rented golfing equipment in a safe and courteous manner at the Sanctuary Golf Course at all times. I agree to be responsible for any and all damages and replacement costs for the rented golfing equipment.

I have no knowledge of any physical impairment that would affect or be affected by the undersigned operating said equipment at the Sanctuary Golf Course.

I understand that there may be further rules and regulations that must be followed. These rules and regulations may be posted or orally related to the undersigned. I agree to abide by the rules and regulations, and failure to do so may result in my being removed from the premises.

I understand the nature of the golfing rental and activities for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advertisements or warnings of the particular risks of this rental and activity that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Participant Above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Use Only (Program Name)

**If participant is a minor under the age of 18 years, BOTH parents or one custodial parent or guardian MUST sign this Agreement.**