

Print, fill out, and hand to Angela Kelly at the golf course:

OUTDOOR EXPLORATIONS – GOLF FOR ADULTS 50+
An outreach program – affiliated with The Center for Successful Aging
California State University, Fullerton

Membership Information and Waiver/Liability Release Form

Name: _____ **Phone:** _____ **Date:** _____

Address: _____ **City:** _____ **Zip:** _____

Sex: ___ **Date of Birth:** _____ **Marital Status:** Single ___ Married ___
Divorced ___ Widowed ___

Please indicate your skill level: Beginner ___ Intermediate ___ Advanced ___

Previous golf instruction: Yes ___ No ___ **Are you interested in taking lessons?** Y ___ N ___

Person to notify in case of emergency: _____ **Phone:** _____

E-Mail Address: _____

Program: OUTDOOR EXPLORATIONS – GOLF FOR ADULTS 50+

I understand and acknowledge that the activities in this program by their very nature, pose the potential risk of injury to individuals who participate in such activities.

I understand and acknowledge that participating in this program is voluntary.

I understand and acknowledge that in order to participate in this program, I agree to assume liability and responsibility for any and all risks which may be associated with participation.

I agree to assume all responsibility for health and medical expenses that may incur because of my participation in this program.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT ANGELA KELLY, COORDINATOR OF THIS PROGRAM, AND VOLUNTEERS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

DATED _____

Signature

Member Name (Print) _____