


**CITY OF MILFORD - RECREATION DEPARTMENT
OFFICIAL ADULT GOLF PLAYER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

I, the undersigned parent/guardian acknowledge, agree, and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of the Golf team and league indicated below. 2) I understand, that there are certain risks and hazards involved in participating in Golf including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of swinging the club, hitting the ball, stretching, being struck by ball or club, all which can cause serious injury or death to me and to other players. Further, I agree that in consideration for the right as a member of the team designated below and in consideration for permission to play on the course arranged for by the team or league: 1) I voluntarily elect or accept and solely assume all the risk of damage, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice of play or by other teams or by other players on my team, and (c) while on or upon the course arranged for by my team or league for practice or play. 2) I release, discharge and agree not to sue the team and/or league designated below or any owner or lease of the courses on which Golf is played or practiced by my team, The Orchards Golf Course, the City of Milford, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, course, the City of Milford, of for any claim damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and full indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of any action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death caused in whole or in part by any of the parties or entities hereby released. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.
PARTICIPANT (or PARENT/GUARDIAN IF UNDER 18) MUST INITIAL AFTER SIGNATURE

ADULT GOLF LEAGUE @ THE ORCHARDS

| | | |
|------------------------------------|---|---|
| Team Name |  | Manager's Name |
| | | Manager's Address (Street, City, State, Zip) |
| | | Manager's Telephone - Home / Work |
| Notes / Concerns / Requests | | Manager's Email |

| PLAYER'S NAME <small>Please Print or Type</small> | PLAYER'S SIGNATURE | INITIALS | DATE | D.O.B | BONAFIDE RESIDENCE <small>Street, (City & Zip if not Milford)</small> | PRIMARY PHONE |
|--|--------------------|----------|------|-------|--|---------------|
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Team Manager Affidavit : As the manager of this team, I certify that all information is complete and correct. I understand that if any information is found to be false, incorrect, or fraudulent that I and/or my entire team will be subject to disqualification and disciplinary action. And, I am aware that as the manager/coach I am responsible for the actions of all the members of my team and will abide by the rules and regulations as outlined.

Managers Signagture: _____ Date: _____

SPECIAL NOTES

1. The Milford Recreation Department Reserves the right to request proof of residency. 2. All participants must pay current applicable greens fee on a weekly basis.

OFFICE USE ONLY

Date Received: _____ Administrative Fee (\$50.00): _____ Forfeit Fee (\$75.00): _____ Non-Residents: **NOT ELIGIBLE**
Non-Resident Fee (\$0.00 ea.): _____ n/a _____