



Central Florida Golf Club (CFGC)

MEMBERSHIP APPLICATION

Dues are \$20.00 per year and can be paid by cash or check. Please mail this application and your dues to Central Florida Golf Club, c/o Pami Sandhu, 2140 Firestone Ct, Oviedo, FL 32765.

For membership information and golf schedule, please see our website: www.centralfloridagolfclub.com

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|-----------------------|----------|--|
| NAME | | |
| ADDRESS | | |
| CITY, STATE, ZIP | | |
| PHONES: HOME | | CELL |
| OCCUPATION | EMAIL | BIRTHDAY |
| CURRENT USGA HANDICAP | GHIN NO. | (Circle one) Scores posted by: CFGC OTHER |

RELEASE FROM LIABILITY AND EXPRESS ASSUMPTION OF RISK

I, the undersigned person (hereinafter referred to as "Releasor"), in consideration of being permitted to participate in golf activities organized or sponsored by The Central Florida Golf Club (the Releasee) and other good and valuable consideration, the receipt and sufficiency is hereby acknowledged, hereby on behalf of myself and my heirs, distributees, guardians, and legal representatives, agree to fully indemnify, defend, hold harmless, and not to sue Releasee and/or Releasee's directors, officers, employees, agents, and affiliates from and on account of any and all past, present, and future claims, debts, causes of action, damages, personal injuries, wrongful deaths, property loss, and property damage (including attorney's fees and costs relative thereto), whether due or not, direct or contingent, liquidated or unliquidated, latent or patent, known or unknown, which in any way concern or relate to any act or omission of Releasee. I understand and agree that this release includes any and all claims based on the past, present and future negligence, action, and/or inaction of Releasee and/or Releasee's directors, officers, employees, agents, and affiliates. I am aware that participation in and/or observance of the golf activities and/or other activities sponsored by Releasee is or may be an inherently dangerous activity and agree that I am voluntarily participating in and/or observing such activities with full knowledge of all dangers and risks involved. In addition, I hereby expressly assume all risks of injury, death, property loss, property damage, and other loss and damage which may occur relative to the participation in and/or observance of such activities.

I acknowledge that I have read this release, have been fully and completely advised of the potential dangers incidental and inherent to the participation in and/or observance of the activities organized and/or sponsored by Releasee, and am fully aware of the legal consequences of signing this release. I agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

SIGNATURE OF MEMBER

DATE

FEES ENCLOSED \$ _____