

Print, fill out, and mail to: Outdoor Explorations, 22365 El Toro Rd. PMB  
#314, Lake Forest, CA 92630

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 golf lessons? Yes \_\_\_ No \_\_\_

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 \_\_\_\_\_

\_\_\_\_\_

MEMBER NAME (PLEASE PRINT)

SIGNATURE