



CLEVELAND HEIGHTS
2016 JUNIOR CITRUS PROGRAM

DATES: June 13, 14, 15 (session 1)-June 27, 28, 29 (session 2)-July 11, 12, 13 (session 3)



INSTRUCTION will be given by KEITH WIGHTMAN and special guest instructors.



Payment can be made by cash, money order, check or Visa/Mastercard.



Both the waiver form and application **MUST** be turned in at time of payment.



Any questions call the Cleveland Heights Pro-Shop @ 863-834-2377.

PEE WEES – AGES 6 TO 11 **\$30.00/session** *(includes sales tax)*
Three Days of Instructional Clinics from 9 am to 11:30 am.

JUNIORS – AGES 12 TO 18 **\$30.00/session** *(includes sales tax)*
Three Days of Golf and instruction from 9 am to 11:30 am.

JUNIOR CITRUS TOURNAMENT DATES WILL BE
Saturday and Sunday, July 30th and 31st, 2016
@ Cleveland Heights Golf Course

Tournament fees are paid separately to the First Tee of Lakeland. Contact First Tee of Lakeland – Gerald Richardson – 863-577-0236. The First Tee is located at 1740 George Jenkins Blvd, Lakeland, FL 33815.

APPLICATION FOR JUNIOR CITRUS PROGRAM:

NAME OF PARTICIPANT _____

AGE _____ SEX: M F Handicap index _____

ADDRESS _____

EMERGENCY CONTACT NUMBERS _____, _____

Please select sessions you will be attending:

Session 1 (June 13, 14, 15) _____ Session 2 (June 27, 28, 29) _____ Session 3 (July 11, 12, 13) _____

Total cost @ \$30/session: _____

Guardian Signature _____

Date _____

Waiver form must be attached with application along with full payment for the program.

**CITY OF LAKELAND, FLORIDA
AUTHORIZATION, RELEASE AND WAIVER OF LIABILITY AND INDEMNITY**

PARTICIPANT NAME: _____ AGE: _____

PARENT/GUARDIAN NAME: _____ PHONE: _____

ADDRESS: _____

EMAIL: _____

The consideration for this Authorization, Release and Waiver of Liability and Indemnity Agreement (hereinafter referred to as the "Agreement") is the attendance of in the activity by me/my child in the Golf Camp program at Cleveland Heights Golf Course (the "Program") during June and July 2016, which I agree is a commonplace community supported activity and the City's waiver of any requirement that I and/or my child carry self-funded liability insurance prior to being allowed to attend and engage in the activity. I acknowledge that absent the execution of this Agreement, the City would not have offered me/my child to the ability to attend and engage in the activity, because of unacceptable exposure to liability claims.

I hereby agree, personally and/or on behalf of myself and/or my child that attendance in the Program is only granted by the City because of its understanding that in the event of injury to me/my child, or damage of loss or property, that any insurance policy held by me, which covers such injury or loss shall be the primary source of any recovery.

I personally and on behalf of my heirs, personal representatives, executors and assigns, and/or on behalf of my child and my child's heirs, personal representatives, executors and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE the City of Lakeland, its officers, employees, and agents, individually or in an official capacity for the City (also referred to as "Releasee") from all liabilities, claims, demands, actions, damages, costs or expenses which we may have against any of the Releasee arising out of or in any way connected to participation in the Program, including travel to or from the Program, for bodily injury, death or property damage suffered by me before, during, or after the Program. I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of any release or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, while engaged in or as a result of the Program. I expressly acknowledge and agree that the Program may involve the risk of injury or property damage.

I shall defend (if directed by the City), hold harmless and indemnify the City, its officers, employees and agents, from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the City, its officers, employees, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me/my child/ward to participate in the Program

I further expressly agree that the foregoing release and waiver of liability and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY CERTIFY THAT I AM THE PARENT OR GUARDIAN OF SAID CHILD OR THAT I AM AN ADULT PARTICIPANT (over 18 years of age) AND I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Participant's/Parent's/Guardian's Signature _____

Date _____