



Golf Outing Sign-Up Sheet

Date of Outing: _____ Course: _____

Outing Coordinator: _____ Phone: _____ Cost: \$___ First Tee Time: _____

The undersigned individuals hereby sign-up for the golf outing for the time and date indicated above. By signing below, individual agrees to be liable to his/her local chapter of ASGA for non-payment of outing cost in the instance individual does not find a replacement player and the chapter incurs costs from the golf course as a result. **Individual has until _____ am/pm on _____ to call outing coordinator and remove name from this list without obligation.** In case of bad weather, player has the responsibility of contacting outing coordinator to determine playability.

INDEMNIFICATION AGREEMENT: The undersigned, intending to be legally bound hereby, waives and releases for myself and my respective heirs, executors, administrators and assigns, any and all rights and claims for bodily or personal injury, damages, theft of my property, demands and any other causes of action whatsoever, which I may have against the American Singles Golf Association, Inc. (ASGA) and the local chapter I am a member of jointly and severally, and their present and former directors, officers, shareholders, partners, partnerships, agents, employees, attorneys, parent, affiliated and subsidiary corporations, associations and divisions, if any, and their respective members, heirs, executors, administrators, successors and assigns (all of such entities and individuals are hereinafter sometimes collectively referred to as the "Released Parties"), arising out of my participation in this event or the ASGA. I hereby agree to indemnify, defend and hold harmless the American Singles Golf Association and all of the other "Released Parties" from any liability, claim or action for damages arising from my participation in this event or any event of the ASGA, regardless of the cause, excepting only the gross negligence and willful misconduct of the above named entities.

PLEASE BE AT GOLF COURSE ONE-HALF HOUR PRIOR TO FIRST TEE TIME.

NAME	PHONE	HANDICAP (OR AVG. SCORE)	DEPOSIT (AM'T. PAID)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

USE ADDITIONAL COPIES OF THIS SHEET FOR ADDITIONAL PEOPLE. DO NOT USE ANY FORM UNLESS THE ABOVE INDEMNIFICATION AGREEMENT IS CLEARLY STATED.