

LMCA- Annie Lake Golf Course

seasonal pass 2013

Single person season pass \$ 60.00 Family season pass \$ 80.00 Junior Season Pass \$ 20.00 up to age 16.

Cheques payable to: Lorne Mountain Community Association, Box 10009, Whitehorse, YT, Y1A 7A1

Name _____ Interests: _____
(first) (last)

Spouse _____
• (first) (last name if different)

Children's Names	Age
_____	_____
_____	_____
_____	_____

Address _____ Postal Code _____

Subdivision/Area _____ Phone: home _____ work _____

EMAIL: _____ PLEASE SEND NEWSLETTERS BY EMAIL:

I am interested in offering volunteer time in the following areas:

- Golf Club (maintenance, clean-up, tournament activities, etc.)
- Maintenance & clean-up projects at the Community Centre & Facility

Please fill out form and send with cheque to LMCA , we will issue a season pass and mail it to you.

Lorne Mountain Community Association RELEASE OF LIABILITY AND ASSUMPTION OF RISK (Please read carefully)

I am acknowledging that there are risks and hazards associated with sports, recreation and other activities offered as part of a recreation program and I freely accept and fully assume all such risks and the possibility of personal injury, death, property damage and loss resulting therefrom.

In consideration of the Lorne Mountain Community Association permitting me or my child (or children) to participate in the activities and programs offered at the Lorne Mountain Community Centre, including, but not limited to, the use and enjoyment of the community hall, skating rink, tennis courts and skateboard park, I for myself or my child, my heirs, next of kin, executors and administrators, hereby unconditionally waive any and all rights and claims I on my own behalf or on behalf of my child (or children) may have now or in the future against the Lorne Mountain Community Association or any of its officers, agents, employees, volunteers or members (the "Releasees"), and I, on my own behalf, and on behalf of my child (or children), release and forever discharge the Releasees from any and all liability for any loss, damage, expense, injury, or other loss which I or my child (or children) may suffer arising out of the use of the facilities or participation in programs due to any cause whatsoever, including negligence, breach of contract, or breach of any statutory or other duty of care, including any duty of care owed under the *Occupiers Liability Act*, on the part of the Releasees.

I recognize that by signing this document I am waiving certain legal rights, including the right to sue.

If, in the event of an emergency, I cannot be contacted, I authorize the Releasees to transport my child to the nearest emergency centre or to call an ambulance to transport my child, if necessary.

Signature: _____ Date: _____

Print Name: _____