



WOMEN'S GOLF LEAGUE 2024

APRIL 1

through

SEPTEMBER 16

No play on Memorial Day or Labor Day



League Fee

\$35 +

Green Fees &
\$3 Play of the Day

Deadline

Monday, June 3

Late registrations will not be accepted

CLUB CHAMPIONSHIP

Sept. 9th & 16th

BANQUET

September 23, 2024

@Murray Senior Rec Center
(10 East 6150 South)

RSVP to Tasha by Sept. 9

LEAGUE INFORMATION

Days

Mondays

Place

Murray Parkway Golf Course
6345 S Murray Parkway Avenue

Tee-Time

Scheduled 7 days in advance by each individual golfer @801-262-4653

This league consists of 9-holes played every Monday. Golfers must schedule their own tee-times with the golf course 7 days in advance. The league fee is due at registration and play of the day and green fees are to be paid each Monday prior to play at the golf course.

For more information call 801-284-4200



Register Online
MCREG.COM

WOMEN'S GOLF LEAGUE - 2024

Name _____ Birth Date ___/___/___
Address _____ City _____ Zip _____
Phone _____ Email _____

Emergency Contact _____ Phone _____

How did you hear about this program?

Murray Journal ___ Social Media ___ Website ___ Flyer ___ Poster ___ Email ___
Word of Mouth ___ Previous Participant ___

MURRAY CITY PARKS AND RECREATION RELEASE OF LIABILITY AND WAIVER OF CLAIMS - Read before signing

In consideration of being allowed to participate in any way in Murray Aquatic Club and its related events and activities, I hereby acknowledge, appreciate, and agree that: The risks of injury and illness (including, but not limited to, physical or psychological injury, communicable diseases (such as MRSA, influenza, COVID-19, etc.), pain, suffering, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death) of participating in the Activity are significant, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of others, including, but not limited to, other participants, volunteers, spectators, coaches, and Activity officials, and I assume full responsibility for my child's participation; and, I willingly agree to comply with the Activity's rules and conditions to participate. If, however, I observe any unusual or significant hazard during my presence or participation in the Activity, I will remove myself from the Activity and bring such attention of the nearest official immediately; and, I for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Murray City Corporation, its employees, officers, directors, volunteers, elected officials, and agents (hereinafter collectively referred to as the "City"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, and from any and all liabilities incident to my participation in the Activity, to the fullest extent permitted by law. I understand that the City shall have no responsibility to pay for any medical treatment and related costs if I become injured, sick, or otherwise harmed while participating in the Activity and, in the event that I should require medical care or treatment for any injury or illness, I agree to be financially responsible for any costs incurred as a result of such treatment.

REFUND POLICY

Refunds must be requested in written form. As per Murray City Parks and Recreation policy & procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. Refunds requested after the first day of the program shall be at the Recreation Coordinator or Recreation Director's discretion. Parent/Guardian Initials _____

MEDIA CONSENT

Opt In: I hereby grant permission to Murray City to use my child's photograph, video image, quotes/comments, or name for publicity and educational purposes in any and all publications and media without limit or compensation. Parent/Guardian Initials: _____

Opt Out: Initial if you do not authorize Murray City to post or publish the name or media of your child participating in the above activity to any Murray City operated website. Parent/Guardian Initials: _____

By signing this CONCUSSION POLICY, RELEASE OF LIABILITY AND WAIVER OF CLAIMS, REFUND POLICY, AND MEDIA CONSENT, I acknowledge that I have read its contents and disclosures, and that I agree to its terms and agreements. If any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effects.

PRINTED NAME _____

SIGNATURE _____ Date ___/___/___

OFFICE USE ONLY PAID: _____ CASH CHECK CC DATE: _____ STAFF: _____