



# NIGHT GOLF IS BACK!!

**When:** Saturday, August 3, 2024 @ Pasfield Golf Course

\*Deadline – Thursday, August 1st 5:00 p.m.

**Time:** Approx. 8:00 p.m. Shotgun Start – Arrive @ 7:45 p.m.

**Format:** 2 Person Alternate Shot (Walking Only - **No Carts**)  
Four groups per hole. Limited to the first 36 teams.

**Cost:** \$45/team – Includes Green Fees & Night Golf Supplies  
(SPD Season passes are **NOT** applicable as this is a special “after-hours” event)  
Please make checks payable to “Pasfield Golf Course”

---

## 2024 Pasfield Night Golf Registration Form

Player #1 \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Player #2 \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Special Requests (pairings etc.) \_\_\_\_\_

### To be Completed by Golf Course Staff:

Date \_\_\_ / \_\_\_ / \_\_\_ Amount Pd. \_\_\_\_\_ Form of Payment \_\_\_\_\_ Initials \_\_\_\_\_

*Please sign the back of this form →*

**WAIVER, RELEASE OF ALL CLAIMS  
AND HOLD HARMLESS AGREEMENT FOR  
SPRINGFIELD PARK DISTRICT**

**Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program, that you or the above participant might sustain. The terms, “I,” “me,” and “my” also refer to parents or guardians as well as the participants in the program. In registering for the program, you are agreeing as follows:**

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims I may have as a result of participating in the program against the Springfield Park District, any and all other participating or cooperating governmental units, any and all independent contractors, officers, agents, servants and employees of the governmental bodies and independent contractors, and any and all other persons and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as “released parties” in the remainder of the Agreement.)

I do hereby fully release and discharge the Springfield Park District, and any and all other released parties, from any and all claims resulting from injuries, including death, damages and losses sustained by anyone, and arising out of, connected with or in any way associated with my conduct and the activities of the program.

I further understand and agree that the terms such as “participation,” “program” and “activities,” referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment and apparatus, and anything related to my use of the services, facilities or premises involved in the program.

I understand the nature of the program for which I am registering and have read and fully understand this Waiver, Release and Hold Harmless Agreement. I further understand that any advisements or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

\_\_\_\_\_  
Signature of parent or guardian (if the participant is under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian (if the participant is under the age of 18)

\_\_\_\_\_  
Date