



Golf Pass Holder Agreement Form (Please Print)

Name (Main Contact): _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

*Email: _____

** Emails are used by us to send you special offers on golf, upcoming events and programs, and reminders on approaching deadlines.*

** We will not give out email addresses to 3rd parties.*

| Pass Type | |
|--------------------------|-------------------------|
| <input type="checkbox"/> | Adult Unlimited |
| <input type="checkbox"/> | Family/Couple Unlimited |
| <input type="checkbox"/> | Adult Limited |
| <input type="checkbox"/> | Family/Couple Limited |
| <input type="checkbox"/> | Junior Restricted |
| <input type="checkbox"/> | Saukie Only Senior |
| <input type="checkbox"/> | Saukie Only Junior |

| Method of Payment | |
|------------------------------|------------------------|
| Paid in Full Total | _____ |
| 3 Pay Total | _____ |
| Amount Paid | _____ |
| 2 nd Pay Due Date | _____ |
| 3 rd Pay Due Date | _____ |
| _____ | |
| <input type="checkbox"/> | Cash |
| <input type="checkbox"/> | Check # _____ |
| <input type="checkbox"/> | Gift Certificate |
| <input type="checkbox"/> | Credit Card Type _____ |
| <input type="checkbox"/> | Other _____ |

| Office Use Only | |
|-------------------|-------|
| Date Pass Sold: | _____ |
| Facility Sold At: | _____ |
| Staff Initials: | _____ |

Additional Household Members (For Family Memberships)

| | <u>Name</u> | <u>Gender</u> | <u>Birth Date</u> | <u>Type of Pass</u> |
|----|-------------|---------------|-------------------|---------------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

(See Reverse For Terms and Conditions)

Pass Terms and Conditions

1. This agreement represents the complete understanding between the pass holder(s) and the Rock Island Parks and Recreation Department, City of Rock Island, and Saukie and Highland Springs Golf Courses. No representations, written or oral, other than those contained within this agreement are authorized by or binding upon the Department, City, or Golf Courses.
2. Pass Fees are non-refundable and non-transferable once the pass has been used. Medical grounds may be approved for adjustment at the discretion of the facility manager.
3. A \$35 fee will be assessed to the pass holder for a returned check.
4. The Rock Island Parks and Recreation Department may suspend or cancel, at any time, the rights and privileges of this pass to any pass member whose actions are detrimental to the enjoyment of the facilities by other patrons. These suspensions or cancellations may be either for a fixed time period or for the balance of the pass term.
5. Management reserves the right to modify rules and regulations governing the operations of the golf courses. Notice of these modifications will be made available to patrons through any normal means of communication and will be posted at the appropriate facilities.

6. WAIVER

The pass holder(s) acknowledges and accepts the risks inherent in the use of Rock Island Parks and Recreation Golf Course services and facilities. By use of Highland Springs and/or Saukie Golf Courses, the pass holder(s) hereby voluntarily assumes the risk of injury, accident, death, loss, cost, or damage to his or her person or property which might arise from the use of Highland Springs and/or Saukie Golf Course services or facilities. The pass holder(s), his or her heirs, executors, representative, or assigns, hereby release the City of Rock Island, Parks and Recreation Department, and Saukie and Highland Springs Golf Courses from all claims or liabilities for personal injury or property damage of any kind sustained by the pass holder(s) while on the premises of the facility.

Date: _____ Pass Holder (main contact) Signature: _____

Staff Initials: _____

How did you hear about us?

(Please specify if possible):

Radio _____ TV _____ Newspaper/publication _____
Direct Mail _____ Referral _____
Internet _____ Other _____