LAKE OF THE PINES
WOMEN'S GOLF CLUB
MEMBERSHIP APPLICATION

Name_____

Nickname _____D.O.B._____

Address _____ Lot# _____

Phone _____ Cell _____

Email Address _____

GHIN# _____ Current Index _____

Please check which membership you are seeking:

- ☐ Seeking LOPWGC membership with no previous GHIN#
  (Please turn in 3 completed 18-hole scorecards)
- ☐ Former member of _____ Golf Club.
  Which club will be your Home Course? _____
- ☐ Former member of Lady Niners, wishing membership in LOPWGC only.
- ☐ Seeking Dual Membership in Lady Niners and LOPWGC.
  In which Club Championship will you play? _____
- ☐ Honorary Junior Girls Membership *(club dues waived but must have GHIN)*
- ☐ Social (*$10 dues only*)

Signature _____ Date _____

Please put your application, scorecards (if needed), and membership fee (check payable to LOPWGC for $97) in the WGC18er box in the Pro Shop. All new members to the club must sign an LOP *Informed Consent, Release and Waiver Agreement -See attached.*

If you wish to participate in sweeps on Wednesdays, please also write a check payable to LOPWGC for $40 and write 'Sweeps' in the memo line of the check.

Go to our website 'LOPWGC.ORG' for information about the club.

Please call Sandie Runte, Membership Chair, if you have any questions.
Sandrarunte1@prodigy.net 916-217-9853 *Oct 29 2025*

LAKE OF THE PINES ASSOCIATION
2024 Informed Consent, Release, and Waiver Agreement

Thank you for using the LAKE OF THE PINES ASSOCIATION (the "Association") for participating in activities related to (the "Activity") _____ at Lake of the Pines Association. The Association requests your understanding and cooperation in maintaining the safety and health of all participants by reading and signing the following Informed Consent, Release, and Waiver Agreement.

I, _____, declare that I intend to participate in the Activity at the Lake of the Pines Association.

If the participant is a minor (under the age of 18), I, as their parent or guardian, agree to these terms on behalf of the participant.

Participants Name/s if under the age of 18: _____

In consideration for being allowed to participate in the Activity, I declare as follows:

1. I understand that there are inherent serious risks or injuries associated with participating in the Activity, and I knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of myself or other parties.

2. I understand that part of the risk involved in undertaking the Activity is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care, and skill with which I conduct myself in that Activity. I acknowledge that my choice to participate in any Activity at Lake of the Pines brings with it my assumption of those risks or results stemming from this choice, and the fitness, health, awareness, care and skill that I possess and use.

3. I am participating in the Activity voluntarily and agree to be completely responsible for my own actions.

4. I accept responsibility to always act in a safe manner and to abide by the rules and regulations of the Association when participating in the Activity.

5. I understand that I am financially responsible for any medical costs that may directly or indirectly result from participation in the Activity.

6. I declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in an of the Activity, or use of any equipment or machinery associated with the Activity. The Association is not responsible for my decision to participate in the Activity.

7. Should I suffer a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate employee or representative to engage qualified medical personnel to initiate any necessary treatment or care, if such individual deems medically appropriate. In the event of such an injury, the Association shall use reasonable efforts to notify the emergency contacts listed herein where practical I understand and agree that I am responsible for all medical care expenses incurred to treat my injuries.

8. By signing this document, I acknowledge that I have voluntarily chosen to participate in the Activity. I assume all risk for my health and, on behalf of myself, my heirs, beneficiaries, dependents and personal representatives, I agree to indemnify, defend and hold harmless the Association, its directors, officers, members, employees, agents, managers, volunteers or any other representative of the Association (collectively and individually referred to as the "Indemnified Party") from any and all damages, liabilities, claims, demands, expenses, attorneys' fees and costs, and/or causes of action incurred by or asserted against the Indemnified Party that are alleged to have arisen out or, or in any manner directly or indirectly related to my participation in the Activity.

9. I will not present or file any claim for personal injury, property damage, wrongful death, or any other action against the Association, its officers, directors, members, employees, agents, managers, volunteers, or any other representative of the Association ("Releasees") based upon or arising out of any Activity in the Lake of the Pines and hereby release, waive, discharge, relinquish any action or causes of action, which may hereafter arise from any and all liability, claims, demands, losses or damages

caused or alleged to be caused in whole or in part by the negligence or other acts or omissions of the Releasees with respect to the Activity. I hereby expressly waive and relinquish any rights under California Civil Code Section 1542 which states: "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with debtor."

10. I consent to the Association's use of any photographs taken of me while participating in the Activity, such as the use of my photograph in brochures and fliers.

11. I understand that if I am a sponsoring Member of the Association who is inviting a guest to attend and participate in the Activity, my guest shall (1) sign and thereby agree to all the terms of this Informed Consent, Release, and Waiver Agreement, (2) follow all Association rules and regulations while participating in the Activity, and (3) if applicable, pay for their participation in the Activity. As a sponsoring Member, I shall participate in the Activity with my guest, per the guest policy rules.

12. Members are responsible for the conduct of their guests and required to follow all Association rules and policies. Comments and complaints are to be directed to the Association Board of Directors or Association Management. Management staff will inform Members or guests of any violation of the rules and regulations of the Association, and, when necessary, report such actions to the Board of Directors.

13. I agree to carry auto insurance coverage when driving on behalf of the club/group.

I declare that the terms of this Informed Consent, Release, and Waiver Agreement have been completely read and are fully understood by me, and that if desired I have had the opportunity to consult with an attorney prior to executing it. I am freely and voluntarily executing this Informed Consent, Release and Waiver for the purpose of making a full and final compromise and settlement of any and all claims, disputed or otherwise, related to the Activities described above.

PARTICIPANT

Member's Name (print):_____ Lot Number (required):_____

Member's Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

GUEST (if applicable)

Name of Guest (print): _____

Guest's Signature: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____