The Legends of Massillon

Season Pass Holder Application 2019 Golf Season

Name_____ Date_____

Address_____

City, State, Zip_____

Home Phone_____ Cell_____ Work_____

Email_____

Additional Player Name: (same household)_____

Amount Paid:_____ Cash_____ Check_____ Charge_____

Type of Pass Purchased (circle one)

7 Day   5 Day   5 Day after 11   College student   High School   Middle School

Cart Plan_____   Range Plan_____

- The Legends of Massillon Season Pass is Valid 3/1 – Nov 30th, 2019
- Valid Driver's license or State ID must accompany application for age and residency verification. Pay stub, utility bill or tax records are acceptable for tax payer verification.
- Tee times and Tournament participation are subject to availability. Outings, tournaments and special events may restrict or prohibit play at certain times.
- Pass Holder status does not include play in outings or other events. Additional charges apply.
- All tee times can be made 2 weeks in advance. Tee time cancellations must be made 48 hours in advance. Pass holder is responsible for number of reservations made.
- All rates, season dates and special events subject to change. The Legends of Massillon reserves the right to revoke or terminate the pass.
- Season Passes are non- refundable, non transferable.

I, the participant, the parent or legal guardian of the participant am aware that there are certain risks of injury involved in any sport or recreational activity. Bearing in mind, and with full knowledge of the physical capabilities or limitations of myself/my entire family, I hereby agree to assume for myself/my entire family such risk of injury. I/my family further agree to indemnify and hold harmless the City of Massillon, its administrators, employees or agents against any claim for injury to persons or property which may result from my/my family's participation in activities at the Legends of Massillon. I hereby agree that I/my family shall abide by the rules and supervision of the course. Furthermore, I understand the above conditions of this pass and accept full responsibilities for myself and family members. I understand that by registering for any Legends of Massillon program, I agree to allow publication of any photos or video taken at any program, event or facility of The Legends of Massillon.

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Signature of Primary Member or Parent/Guardian   Date