



**FOR OFFICE USE ONLY:**

Membership #:	Cart Pass #:
Entered in Log: Y / N	Initials:

## 2026 Golf Membership Application

<b>Applicant Name:</b>		
<b>Phone:</b>	<b>Email:</b>	
<b>Street Address:</b>		
<b>City, State, Zip Code</b>		
<b>Applicant's Age:</b>	<b>Applicant Driver's License Number:</b>	
Membership TYPE	REQUIREMENTS AND LIMITATIONS	FEE
North Township Resident	Resident ages 18-54; weekday and weekend cart any time. Walking weekdays after 10 am or 12 pm on weekends.	<b>\$750.00</b>
North Township Resident - JUNIOR/SENIOR/VETERAN/FIRE/POLICE	Resident under 17 OR over 55; Resident Veteran/Police/Fire Weekday and weekend cart any time. Walking weekdays after 10 am or 12 pm on weekends.	<b>\$650.00</b>
GOLF CART – North Township	Valid for members only, does not include passengers. Must be purchased with golf membership.	<b>\$650.00</b>
Non-Township (Indiana) Resident	Non-Resident 18-54; Weekday and weekend cart any time. Walking weekdays after 10 am or 12 pm on weekends.	<b>\$1,100.00</b>
Non- Township Resident - JUNIOR/SENIOR/VETERAN/FIRE/POLICE	Non-Resident under 17 OR over 55; Non-Resident Veteran/Police/Fire Weekday and weekend cart any time. Walking weekdays after 10 am or 12 pm on weekends.	<b>\$800.00</b>

	<b>GOLF CART – Non- Township</b>	Valid for members only, does not include passengers. Must be purchased with golf membership.	<b>\$850.00</b>
	<b>Out of State Resident</b>	Out of state resident 18-54; Weekday and weekend cart any time. Walking weekdays after 10 am or 12 pm on weekends.	<b>\$1,300.00</b>
	<b>Out of State Resident – JUNIOR/SENIOR/VETERAN/FIRE/POLICE</b>	Out of state resident under 17 OR over 55; Out of State Resident Veteran/ Police/Fire; Weekday and weekend cart any time. Walking weekdays after 10 am or 12 pm on weekends.	<b>\$1,000.00</b>
	<b>GOLF CART – Out of State</b>	Valid for members only, does not include passengers. Must be purchased with golf membership.	<b>\$950.00</b>



# 2026 Golf Membership Application Agreement

- I understand that purchasing a golf course membership entitles me, as the applicant, to greens fees only, unless a separate cart pass is purchased.
- I understand my pass has restrictions, including but may not be limited to; valid for one (1) Wicker Park Golf season year (Dependent on weather), is non-transferable, is non-refundable, and is only available for use when the Wicker Memorial Park Golf Course is open for business to the public.
- I also understand that golf outings, weather, or maintenance may limit my availability to book tee times sporadically throughout the golf season.
- I also understand golf carts are only permitted on the Golf Course (this excludes practice greens and driving range.)
- I also understand that a golf cart membership is valid for only 1 seat in a golf cart, rather than an entire individual golf cart.

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Signature

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Printed Name

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Date

Wicker Memorial Park Golf Course  
North Township Trustee, Adrian A. Santos

In consideration of being allowed to use the golf course and other facilities at Wicker Memorial Park (the "Facility"), owned and operated by North Township, Lake County, Indiana ("North Township") and subject to all applicable rules and restrictions of the Facility, I, the undersigned "Golfer" (individual registered for any and all present and future tee times, including if they are registered on the behalf of another, and/or purchased a golf course membership, or any individual that participates in any use of the Facility), intending to be legally bound hereby, agree to the terms and conditions of this Waiver and Release of Liability (the "Release"). I also agree that this release will be applicable to any and all present and future visits to the Facility.

1. **WAIVER.** I waive and release the Facility and North Township and all their affiliates, subsidiaries, agents, employees, independent contractors, equipment suppliers, and members (together, the "Protected Parties") from any claims or responsibility for injuries or damages to property suffered by me arising from any activities or events made available by or conducted at the Facility, whether caused by negligence or otherwise. I acknowledge that these risks of injuries or property damage may result from or be compounded by the actions, omissions, or negligence of Facility employees or others, including negligent emergency response or rescue operations of the Facility. I understand that the Facility cannot guarantee that I will not be injured due to my participation in the activities or events and that engaging in such may increase my risk of injury or other bodily harm. Notwithstanding these risks, I acknowledge that I am voluntarily participating in these activities or events with knowledge of the dangers involved. I hereby agree to accept and assume all risks of injury, illness, disability, death, and/or property damage arising from my engaging in said activities or events, whether caused by the ordinary negligence of the Facility or otherwise.

2. **ASSUMPTION OF RISK AND RELEASE OF LIABILITY.** I understand that accidents, with fatalities, serious bodily injury and/or property damage can occur during my participation in golf and other activities, or events offered by the Facility, as a result of negligence or otherwise, including without limitation resulting from adverse weather conditions. Knowing the risks involved I nevertheless agree to assume those risks and to release the Facility and all of the other Protected Parties from any injury, death, illness or property damages that may occur in connection with my use of the golf course and other facilities at the Facility or made available by the Facility, whether caused by negligence of the Facility or otherwise.

3. **CERTIFICATION.** I certify that I am at least 18 years of age and that I am in good physical condition and can participate in golf and related activities or events. If at any time I believe conditions to be unsafe, I will immediately discontinue further participation for myself in the activity. If an emergency arises, I authorize the Facility's staff to request and/or administer medical treatment to me, or my party, if and as necessary. I also confirm that I do not have any medical or other conditions that would impair our ability to participate in said activities or events. I will comply with all federal, state, and local laws, orders, directives, and guidelines related to said activities or events while participating in said activities or events. I will also follow all instructions, recommendations, and warnings of the Facility at all times during said activities or events. If at any time I believe conditions to be unsafe, or that I or any member of my party am no longer in proper physical condition to participate in said activities or events, I will immediately discontinue further participation in the activity.

4. **SCOPE.** This Release applies to personal injury, including death, and to any and all claims resulting from the damage to, loss of, or theft of property from the incidents or illnesses arising from my presence at the Facility and/or my participation in the Facility's activities or events including, but not limited to recreational, practice, or competitive activity; events; organized or individual training and conditioning activities or events; tests; classes and instruction; individual use of facilities, equipment, locker room areas, and all premises, or attendance at such activities or events whether or not as a participant, including the associated sidewalks and parking lots.

5. **INDEMNIFICATION.** I agree to defend and indemnify the Facility and the Protected Parties, that is, defend and pay any costs, including damages awarded, investigation costs, reasonable attorney's fees, and related expenses from my assertion or prosecution of any claim or claims against the Facility or any of the Protected Parties released by me and my party in this Release or from any claim or claims of any person or entity arising from my willful, intentional, or negligent injury or damage to any person or property or my violation of any of the rules or restrictions of the Facility.

6. **GENERAL CLAUSES.** This Release is the entire agreement of the parties relating to the subject matter of this Release, and it supersedes any and all previous oral or written promises or agreements. This Release cannot be modified or changed in any way by representations or statements by any Protected Party. I understand that this Release is intended to be as broad and inclusive as permitted by the laws of Indiana, and if any portion of this Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Exclusive jurisdiction and venue with respect to any legal action relating to this Release shall be in the County of Lake, in the State of Indiana. This Release shall be governed and

interpreted under Indiana law without reference to its conflict of laws principles.

**7. ACKNOWLEDGEMENT AND UNDERSTANDING.** I have read and understand this release. I acknowledge and understand that I am giving up substantial rights, including the rights to sue for damages in the event of death, injury, or loss. I further acknowledge that I am voluntarily agreeing to these terms, conditions, waivers and releases, and I intend this release to be a complete release of all liability, including that due to ordinary negligence by the Protected Parties, to the greatest extent allowed by the laws of the State of Indiana. Finally, I take full responsibility for knowing and abiding by the rules and restrictions of the facility.

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Golfer (Printed)

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Date

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Golfer (Signature)

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Date