



IRONHORSE

CHAMPS SIGN UP FORM

NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

PHONE: _____ CELL: _____

**SPRING AND FALL CHAMPS
SUMMER CHAMPS**

TUESDAY – FRIDAY 4 – 6 PM
TUESDAY - FRIDAY 1 – 3 PM (JUNE & JULY)

2 Days a week \$200

4 Days a week \$250

1. I AGREE TO ABIDE BY THE REGULATIONS AND POLICIES OF IRONHORSE GOLF CLUB.
2. I AGREE THAT PAYMENT MUST BE MADE BEFORE A SPOT IS RESERVED FOR CHAMPS. PAYMENT MUST BE MADE ON THE 1ST OF EVERY MONTH.
3. I RECOGNIZE THAT THE ULTIMATE RESPONSIBILITY FOR MY SAFETY RESTS WITH ME. I ASSUME ALL RISKS FULLY IN CONSIDERATION OF BEING ALLOWED TO USE THE IRONHORSE GOLF CLUB'S FACILITIES; I HEREBY FOR MYSELF, HEIRS, EXECUTORS, ADMINISTRATORS AND ALL OTHERS WHO MIGHT CLAIM ON MY BEHALF, RELEASE IRONHORSE GOLF CLUB, THE CITY OF LEAWOOD AND TROON GOLF AND ALL ITS' EMPLOYEES AND AGENTS.
4. I AGREE TO ALLOW MY PICTURE OR NAME TO BE USED ONLY ON IRONHORSE GOLF CLUB'S SOCIAL MEDIA PAGES.
5. WHEN USING IRONHORSE GOLF CLUB, MEMBERS OR GUESTS AGREE TO ASSUME FINANCIAL RESPONSIBILITY FOR ANY LOSS OR DAMAGE TO IRONHORSE GOLF CLUB CAUSED BY THEIR OWN NEGLIGENCE OR INTENTIONAL MISCONDUCT.

GUARDIAN SIGNATURE

DATE

PARTICIPANT SIGNATURE

PLEASE MAKE YOUR CHECK PAYABLE TO IRONHORSE GOLF CLUB.

FOR OFFICE USE ONLY

Date Paid: _____ Payment method: _____ Staff: _____