



IRONHORSE

2024 US KIDS CAMP
MAY 14-16
5:30 – 7:00 PM
\$300 Includes Junior Set

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CELL PHONE: _____ EMAIL: _____

Height (inches): _____ Left or Right Hand _____ Color Code: _____

EMERGENCY CONTACT: _____

PHONE: _____ CELL: _____

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 THE CAMP WITH A TOTAL SPACE AVAILABLE IN CAMP OF 6 JUNIOR GOLFERS.
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 BEING ABLE TO INDEPENDENTLY USE THE RESTROOM FACILITIES WITHOUT SUPERVISION AND WALKING TO AND FROM THE RANGE.
5. I AGREE TO ALLOW MY PICTURE OR NAME TO BE USED ONLY ON IRONHORSE GOLF CLUB'S SOCIAL MEDIA PAGES.
6. 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 _____

BY: _____