



# IRONHORSE

## C.H.A.M.P.S.™ SIGN UP FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

**SPRING AND FALL  
SUMMER**

TUESDAY & THURSDAY 4 – 6 PM  
TUESDAY & THURSDAY 2 – 4 PM (JUNE & JULY)

**\$225 PER MONTH**

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 C.H.A.M.P.S.™. PAYMENT MUST BE MADE ON THE 1<sup>ST</sup> 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 BRING MY OWN CLUBS AND BEING ABLE TO PRACTICE INDEPENENTLY FOR 2 HOURS.
5. I AGREE TO BEING ABLE TO INDEPENDENTLY USE THE RESTROOM FACILITIES WITHOUT SUPERVISION AND WALKING TO AND FROM THE RANGE.
6. I AGREE TO ALLOW MY PICTURE OR NAME TO BE USED ONLY ON IRONHORSE GOLF CLUB'S SOCIAL MEDIA PAGES.
7. 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: \_\_\_\_\_