



## **\*Pronghorn Resort Kids Event Registration and Waiver Form\***

***Every guest must have a signed registration form and waiver on file.***

Parent's Name: \_\_\_\_\_

Pronghorn Unit or Room #: \_\_\_\_\_ or, Name on Member Account: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Date(s) of Attendance: \_\_\_\_\_

### **Emergency Contact:**

Primary emergency contact: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary emergency contact: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Is your child taking any medications: ☐ Yes ☐ No

Please list medications: \_\_\_\_\_

Allergies or other health information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Waiver**

I, \_\_\_\_\_, am the parent or legal guardian of the above named participant understands the possibility of injuries resulting from activities sponsored by Pronghorn Golf LLC and agree to the following:

- I hereby acknowledge and accept all risks and hazards incidental to participation in such activities.
- In case of serious illness or accident to above named child/children, I hereby grant permission to any qualified physician or medical care center to provide emergency medical treatment for my child. In the event an injury or illness is so severe that immediate medical treatment is necessary Pronghorn Golf LLC will exercise good judgment by calling 911. The parent/guardian will be contacted as soon as possible.
- I hereby release, absolve, indemnify and hold harmless Pronghorn Golf LLC and its director's, employees, and agents from any injury, whether to person or property, of the participant resulting from such activities.
- I hereby waive any and all claims against Pronghorn Resort, its directors, employees, and agents in the event of personal injury to the participant.
- I understand there is no insurance coverage provided by Pronghorn Golf LLC for participant and that such coverage constitutes a responsibility of the participant and/or the undersigned.
- I hereby release from liability and waive any and all claims against any person who, on behalf of Pronghorn Golf LLC, is involved in the transportation of participant in connection with Pronghorn Golf LLC activities.
- I agree that Pronghorn Golf LLC may use or disclose and distribute participant's name and/or likeness and the information included on this registration form by Pronghorn Golf LLC.
- I acknowledge that I have read, fully understand and accept the above provisions, payment and refund policies and I recognize that Pronghorn Golf LLC is relying on such acceptance in permitting participant to engage in Pronghorn Golf LLC activities.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_