Office Use Only			
Received By:	Entered By:	Verified By:	_
Guest ID #:	New Entry:	Previous Entry:	

Please Sign:___



Received byL	intered by verified by			
Guest ID #:	New Entry: Previous Entry:			
Guest Registrati	on Form		OUNTAIN PARK	
Please Print LEGIBL	<u>Y</u>			
Print First Name: Print Last Name:				
Address:	City:	State:	Zip Code:	
Home Phone:_	Ce	ll Phone:		
Date Of Birth:	E-mail Address:			
Emergency Contact N	Jame:	Phone Num	ıber:	
	PLEASE READ AND SI	GN WAIVER		
It is the Members responsib	ility to educate their guests on these rules. Any	guest who violates any rul	e may be asked to leave the facilit	
acknowledge that I understarecreation activities are plan reasonably necessary to eng- permission to be treated by all medical expenses which a Boards, employees, voluntee	tion programs and events sponsored by the Mound that there are risks of accidents resulting in med with the safety of the participants in mind. age in recreation activity for which I have enroll a professional medical person and admitted to a care incurred in my behalf. It is understood and agers, and agents be held harmless against all claim om my participation in recreation programs. I a	bodily harm arising out of I further acknowledge tha led. In case of emergency, a hospital if necessary. I ag agreed that the Mountain ms, damages, loss, or expe	f those activities. I understand than I have the physical capacity accident, or illness, I give my gree to be the party responsible fo Park Home Owners Association, enses including attorney's fees	
inherent risks of accidents wam responsible for the action or guests of my household. I acknowledge that I and any which I (we) have enrolled. I any minors listed above. I un Association, Boards, employ	understand and agree to abide by the Mt. Park with certain facilities and activities that may resums of any minors listed above and, if I am the leganderstand that recreational activities are plan minors listed above have the physical capacity of I agree to be the party responsible for all medican derstand and agree to release, indemnify, hold week, volunteers, and agents against all claims, in any's fees or costs arising out of or resulting from this.	ult in bodily harm or prope gal owner of the household med with the safety of the reasonably necessary to en al expenses which are incu I harmless, and defend Mo ncluding claims of negliger	erty damage. I acknowledge that I d, for the actions of any residents participants in mind. I gage in recreational activity for rred in my behalf or on behalf of buntain Park Home Owners nce or failure to act, damages, los	
	pictures may be taken of any person in the Clul ledge that unauthorized use or misuse of the Cl ution.			

______ Date:______