



Mountain Park Clubhouse Caregiver Pass

First Name: _____ Last Name: _____

Caregiver Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ DOB: _____

Phone #: _____ Emergency Phone #: _____

List Medical Conditions, etc.: _____

Caregiver of (parent name): _____

Name of Child(ren): _____

Member Address: _____

Duration of Pass: From: _____ Through: _____

In participating in all recreation programs and events sponsored by the Mountain Park Home Owners Association, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in recreation activity for which I have enrolled. In case of emergency, accident, or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the Mountain Park Home Owners Association, Boards, employees, volunteers, and agents be held harmless against all claims, damages, loss, or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions.

**** I have read the above waiver and understand the contents****

Caregiver Signature: _____ Date: _____

If participant is under 17 years of age a parent or guardian must sign here.

Member Signature: _____ Date: _____