



HIGHLANDS RANCH

COMMUNITY ASSOCIATION

PROGRAM GUEST Information Form

Program Guest Name:	
Address:	Zip:
Phone:	
Date of Birth:	
Email:	
Gender: M or F	ID Verified <input type="checkbox"/>

Program Guest Name:	
Address:	Zip:
Phone:	
Date of Birth:	
Email:	
Gender: M or F	ID Verified <input type="checkbox"/>

Program Guest Name:	
Date of Birth:	Gender: M or F
Phone:	ID Verified <input type="checkbox"/>

Program Guest Name:	
Date of Birth:	Gender: M or F
Phone:	ID Verified <input type="checkbox"/>

Program Guest Name:	
Date of Birth:	Gender: M or F
Phone:	ID Verified <input type="checkbox"/>

Program Guest Name:	
Date of Birth:	Gender: M or F
Phone:	ID Verified <input type="checkbox"/>

Emergency Contact:	Phone:
---------------------------	---------------

By enrolling or participating in any program or recreational activity provided or sponsored by the Highlands Ranch Community Association, Inc. (HRCA), members and guests acknowledge and agree that there are certain risks inherent in such programs and activities, which the members and guests assume. By enrolling or participating in any program or recreational activity, members and guests and their successors, heirs and representatives hereby waive any and all claims of liability against the HRCA and its members, directors, officers, agents, employees, contractors, and related entities arising out of any loss, injury, or death that they may suffer as the result of enrolling or participating in any such program or recreational activity including, but not limited to, the use of HRCA recreational facilities, regardless of the cause of such loss, injury, or death. Members and guests are also required to comply with the rules and regulations applicable to the recreational facilities and off-site venues. Although there is no obligation for any person to provide medical attention in connection with participation in such programs or recreational activities, members and guests consent to any such care or attention that may be provided to them. HRCA allows enrollment and participation in its programs and recreational activities based upon the agreement and acceptance by members and guests of the terms and conditions contained in this Liability Waiver which is intended to be interpreted and construed as broad and inclusive as is permitted by the laws of the State of Colorado.

By entering my name in the signature box below, I hereby confirm my understanding, agreement, and acceptance of the terms, conditions, and statements contained in this Liability Waiver and assume all risks concerning or related to my enrollment and participation in such program or recreational activity.

I certify that by agreeing to the terms and conditions, I acknowledge that all of the above information is correct and the persons listed do reside at the property address listed.

Signature of Program Guest:	Date:
------------------------------------	--------------

Staff Use Only:

Account Name:		
Scanned HH Documents: <input type="checkbox"/>	Install Date:	Staff Member:

(Staff use only)
Last Name: