



2023 Bell Nob Membership Form

4600 Overdale Drive. Gillette, WY 82718. Phone:307.686.7069 Fax: 307.687.7183
Email to:

A family is defined as one or two adults living in the same household including children 18 years and under and/or full-time college student(s) through age 23. Guardianship of children 18 years and younger is also included. Aunts, uncles, grandparents, etc. are not included. A couple is defined as any two adults living in the same household. Adults wishing to buy a couple or family pass must show proof of residency either in the form of mail or I.D.

PLEASE PRINT AS CLEARLY AS POSSIBLE, SOME FIELDS MANDATORY. SIGNATURE AND DATE REQUIRED IF FILLING OUT BY HAND. CLICK AND DATE IF BY ELECTRONIC. YOU MUST SAVE THE FORM BEFORE ATTACHING AND SUBMITTING BY EMAIL. ADULTS OVER THE AGE OF 18 NOT INCLUDED AS PRIMARY OR SECONDARY GUARDIANS MUST SUBMIT OWN FORM AND SIGNATURE. ALL ADULTS MUST SIGN FOR THEMSELVES: WAIVER ON PAGE 2.



Primary Adult Member/Guardian

First Name	Last Name	Birthday	Age	Gender
Primary Guardian Phone 1	Phone Type Cell/Home/Work	Primary Guardian Phone 2	Phone Type Cell/Home/Work	
Primary Guardian Primary Email		Primary Guardian Secondary Email		
Primary Guardian Employer				

Secondary Member/Guardian

First Name	Last Name	Birthday	Age	Gender
Secondary Guardian Phone 1	Phone Type Cell/Home/Work	Secondary Guardian Phone 2	Phone Type Cell/Home/Work	
Secondary Guardian Primary Email		Secondary Guardian Secondary Email		
Secondary Guardian Employer				

Household Information

Mailing Address 1	Physical Address 2 (If Different from Mailing)		
City	State	Zip Code	Emergency Contact First/Last Name and Phone

Additional Family Members - Include those living at the same address under the age of 18. Only add the family members if you want to purchase the pass for them.

First Name	Last Name	Birthday	Age	Gender	School	Cell Phone	Grade
First Name	Last Name	Birthday	Age	Gender	School	Cell Phone	Grade
First Name	Last Name	Birthday	Age	Gender	School	Cell Phone	Grade
First Name	Last Name	Birthday	Age	Gender	School	Cell Phone	Grade
First Name	Last Name	Birthday	Age	Gender	School	Cell Phone	Grade
First Name	Last Name	Birthday	Age	Gender	School	Cell Phone	Grade

Waiver and Signature (OVER)



Waiver of Liability and Release

- I accept and assume full responsibility for any and all injuries, damages (both economic and non-economic), losses of any type, and harm which may occur to me, my child/children, ward(s) or guest(s), and hereby fully and completely waive, release, and discharge Campbell County, Campbell County School District and Gillette College departments and employees, and any representatives, successors, or assigns from any and all civil or criminal claims, demands, damages, rights or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out the use of Campbell County, Campbell County School District and/or Gillette College facilities and equipment or participation in activities organized, hosted or facilitated by said entities. My and my child/children, ward(s) or guest(s), participation in Campbell County, Campbell County School District and/or Gillette College activities or use of said entities' facilities and equipment is not within the course or scope of my employment.
- I expressly agree to indemnify, defend, and hold harmless the Campbell County, Campbell County School District and Gillette College their officers, agents, employees, successors, and assignees from all claims, lawsuits, losses, and liability arising out of my own negligence, the negligence of my child/children, ward(s) or guest(s), and the failure of such persons to act in a reasonable and safe manner.
- I am solely responsible for safety and well-being of my child/children, ward(s) or guest(s), and understand that Campbell County, Campbell County School District, and Gillette College may not provide supervision, instruction, or assistance for the use of all activities, equipment, and facilities. I agree to comply with all rules and policies imposed by Campbell County, Campbell County School District and Gillette College regarding activity participation and the use of such entities' facilities and equipment. I agree to always conduct myself and ensure the behavior of my child/children, ward(s) or guest(s), to always act in a controlled and reasonable manner, and to refrain from using any equipment in a manner inconsistent with safety or its intended design and purpose.
- I understand and agree that neither Campbell County, Campbell County School District nor Gillette College is responsible for property that is lost, stolen, or damaged while participating in an activity with or in, on, or about either entity's premises.
- I understand and acknowledge that participation in an activity or the use of equipment and/or facilities may involve risk of minor or severe physical harm, including permanent disability and death, physical and/or mental stress, of health issues from exposure to weather, and exposure to and infection from communicable illnesses, pandemics, and epidemics.
- **I hereby authorize Campbell County, Campbell County School District and/or Gillette College to publish photographs, video, or audio of me, my child/children, ward(s) or guest(s). I understand and agree that such material can be used in advertising, printed materials (such as booklets, books, manuals etc.) and/or posted on the internet, bulletin boards, or venues outside of Campbell County, WY. I also agree to neither expect nor demand any benefit, including monetary compensation from the use of such images; even if Campbell County, Campbell County School District and/or Gillette College benefit, in any way, from the use of such imagery and video/audio materials.**
- **CCPR reserves the right to revoke use of facilities, programs, classes and/or membership privileges of any patron with or without cause.**
- **I have read this waiver and release of liability in its entirety and fully and voluntarily agree to its terms with full knowledge of its content.**

Patrons must be 18 years or older to sign. All adults must sign for themselves. Adult patrons 18 years and older not listed as Primary or Secondary Guardians must submit a separate form (even when residing at the same address).

Primary Guardian Must Sign to Agree to Waivers

Secondary Guardian Must Sign to Agree to Waivers

Or Click here to adhere and date if submitting via email.

Or Click here to adhere and date if submitting via email.

Date:

Date:

2023 Bell Nob Fees (check all that apply)		
\$850.00	Family Golf Membership – Must meet definition of a family as stated on first page.	
\$640.00	Add Season Golf Car-Name of Member:	
\$640.00	Add Season Golf Car-Name of Member:	
\$575.00	Single Golf Membership	
\$640.00	Add Season Golf Car to Single Golf Membership	
\$240.00	College Golf Membership-Must show proof of status-Undergraduate degree=12 hours or more/Graduate degree=9 hours or more.	
\$640.00	Add Season Golf Car to College Golf Membership	
\$100.00	Junior Golf Membership	
\$640.00	Add Season Golf Car to Junior Golf Membership	
\$5500.00	Corporate Golf Sponsorship (includes 4 car seats)	
\$5000.00	Corporate Golf Partner Sponsorship (limited to the same four people daily)	
\$250.00	10 Round Green Fee Punch Card	
\$105.00	10 Round 9-Hole Car Seat Punch Card	
Other Fees-List each member or handicap fee you are purchasing		
\$40.00	Name:	
\$40.00	Name:	
\$40.00	Name:	
\$10.00	Men's Club	
\$10.00	Ladies Club	
Men's Match Play		
\$20.00	Match Play Scratch Name:	
\$20.00	Match Play Handicap Name:	
	List Total Enclosed	