竹光终端



GUEST WAIVER

Date: / .	/			
GUEST IN	FORMATION			
Name:	First Name	Last Name		
Address:	Street Name			
City, State a	nd Zip:	State	Zipcode	
Home Phone	e:	Work Phone:		
Email:		Da	ate of Birth:/	/
RELEASE	OF LIABILITY AND	ASSUMPTION OF R	ISK	
any athletic of be liable for a premises. I, town, its em as a result of Guest represent and has no result of the second forms of the second forms.	event, sports program any lost or stolen items the undersigned for m ployees and agents fro f my participation. sents and warrants Ci medical reason impair	ne responsibilities for any or any physically related swhile program participal yself, my heirs and assignom and all claims for injurty of Germantown that the ment that could prevent	activity. Nor will City nts are using Club factors, do hereby release ry, death, loss or danger ne guest is in good p	of Germantown cilities or on Club City of German- nage I may suffer hysical condition
Guest Signa	•		Date: /	/
(If guest is u	ture: nder the age of 18 a le	gal guardian must sign)	Date/	