



EVERGREEN SQUASH CLUB **WAIVER OF LIABILITY**

Member Name (in full, please print) _____
Membership Number _____

This waiver must be a signed hard copy to be left at the club and will be kept on file.

In consideration for having access to and the use of the premises and facilities of the club, I agree to assume all risks involved in such access and use. I hereby release and discharge the Evergreen Squash Club, its directors, staff and agents, of any and all liability for any bodily injury, loss, or damage I may sustain as a consequence of such access and use.

I acknowledge that I have read and understood this waiver of liability, that I am of the age of majority, and that my acceptance of this waiver is evidenced by my signature. I further acknowledge that this waiver shall remain in effect without the need for renewal for as long as I may have access to and the use of the premises.

(Parents or guardian please sign for minors)

Signature _____

Print Name _____

Date _____
Day Month Year