

Team Registration/Waiver

		Registration/ waiver
Coaches Name		Team
Address	****	
City	Zip	Phone
		Date/Session Dates:
myself, my family, m employees, and agen ordinary negligence of	ny heirs, and my assigns tts from liability for inj of Bay Tennis & Fitnes	Bay Tennis & Fitness facilities and equipment, on behalf of its, I hereby release Bay Tennis & Fitness, its owners, operators, jury, death, or property loss suffered by me resulting from the its, its owners, operators, employees, or agents while I am using the characteristic with participating in any and all club activities now or in
facilities and equipm limitation, use of the Bay Tennis & Fitnes injuries such as brok this agreement, I ful	ent and participation in locker rooms, sauna, p s. I know that these ris en bones, eye injury or	d appreciate the inherent risks of using Bay Tennis & Fitness any class, activity, program or instructions, including, without parking area, sidewalk, or any of the facilities and equipment in sks range from minor scrapes, strains, and bruises to significant or loss, concussion, paralysis, and even death. By execution of at risks associated with athletic club use and assert that I am
Coach's Signature		Date
(Legal Gua	rdian Signature of playe	vers)
ease PRINT team member	names below:	
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