



Guest Waiver

Please print information legibly. All information will be kept confidential.

Date: _____ Time: _____ am/pm

Guest of (Member's Name) _____

Activity:

Adult Clinic _____ Junior Clinic _____ Fitness Class _____ Open Court Time _____

Tennis Lesson _____ Personal Training _____ Private/Special Event _____ School Match _____

School Practice _____ Tournament _____

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____ E-Mail _____

Waiver:

I accept responsibility for my use of any and all apparatus, appliances, facility, privilege or service whatsoever, owned and operated at Western Athletic Club at my own risk, and shall hold Western Athletic Club, its owners, shareholders, directors, officers, employer's representatives, and agents harmless.

Print Name _____

Signature _____ Date _____

(Signature of parents if individuals is 17 or younger)

8/16/21

KW