



1802 Glenaire Drive, North Vancouver, BC V7P 1Y1

WAIVER OF LIABILITY

Participant Name: (in full, please print) _____

Contact info (Phone, e-mail and address):

This waiver must be signed and presented to the Evergreen squash coach or representative.

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.

(Parent(s) or guardian please sign for minors)

Print Name _____

Signature _____

Date _____
Day Month Year