

Anderson Hills Swim and Tennis Club



Liability Waiver

I, the undersigned, voluntarily agree and promise to accept all risks of injury associated with participating in all tennis activities occurring at Anderson Hills Swim & Tennis Club, Inc. (aka the facility) located at 8040 Hopper Rd, Cincinnati, OH.

I, the undersigned, agree to release any representatives, agents, and successors of Anderson Hills Swim & Tennis Club (AHSTC), Inc. from all liability for accidental injury which I may incur as a result of playing tennis at the facility.

I, the undersigned, acknowledge and accept financial responsibility for any damage or loss of equipment associated with the facility that I cause.

My signature below indicates that I have read this document, understand it completely, and agree to be bound by its terms.

Participant Signature
(Signature of Parent/Guardian if under 18)

Date

Printed Name of Participant
(Printed Name of Parent/Guardian if under 18)

Participant Phone Number

Participant Address

Participant Email Address

Participant Address

I am a member of AHSTC:
Yes ____ No ____