Team Roster

Team Name:_____

Coach Name:_____

Phone:_____

Email:_____

Waiver: THIS AGREEMENT RELEASES OUR HEALTH CLUB & SPA FROM ALL LIABILITY RELATING TO INJURIES THAT MAY OCCUR. BY SIGNING THIS ROSTER FORM, I AGREE TO HOLD OUR HEALTH CLUB & SPA ENTIRELY FREE FROM ANY LIABILITY, INCLUDING FINANCIAL RESPONSBILITY FOR INJURIES INCURRED. BY SIGNING BELOW I FORFEIT ALL RIGHT TO BRING A SUIT AGAINST OUR HEALTH CLUB & SPA FOR ANY REASON.

Full Name Printed	Signature