

## **GUEST WAIVER**

Date: \_\_\_\_\_

	Name:			
	Address:			
	City: Sta	te:	Zip:	_
	Phone:	\	Work:	
	Emergency:			
	Relationship:	F	Phone:	
be liable for any RH91. Guests ass premises of RH9 from any and al damages be know	et and Health 91 and using the damages arising from persona ume full responsibility for any land does hereby fully, and folloclaims, demands, damages, rown or unknown, anticipated, reequipment thereof.	al injuries susta injuries or dam orever, release right of action	ained by the guest in, on, or lages which may occur to gu and discharge RH91 owners or causes of action present	r about the premises of ests in, on, or about the c, employees and agents t or future whether the

Signature:

Age: \_\_\_\_\_