

# WTC Adult Waiver

Woodstock Tennis Club, PO Box 464, Woodstock, NY 12498-0464

Name \_\_\_\_\_ Phone \_\_\_\_\_

**I understand that the game of tennis involves some risk of physical injury and I agree to fully assume that risk in connection with my playing tennis at the Woodstock Tennis Club, Inc. I further agree that if I am injured while playing tennis at WTC, I will not seek to hold the WTC legally responsible for said injuries.**

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

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