

Creston New Horizons Seniors Society Liability Waiver Table Tennis

Group Leader: Renee Del Colle Contact Information: 236-351-2002

Participant: (print) _____

Email: _____

Phone #: _____

Assumption of risk, release and waiver of liability:

I, the undersigned, understand that participation in Table Tennis offered by Creston New Horizons Seniors Society involves physical movements and conditions which may pose a risk or medical complications.

I certify that I am physically fit to participate in Table Tennis or have consulted a medical professional.

I agree that I am fully responsible for my own health and well being during Table Tennis and participate at my own risk.

I release, waive and discharge Renee Del Colle (Table Tennis) and Creston New Horizons Seniors Society of any claims arising from my participation in Table Tennis. I understand that this is a binding document.

Signature _____ Date _____

Emergency contact name and phone number _____

Relationship _____