

Valley Forge Mountain Racquet Club
PO Box 114
Valley Forge PA 19481

Guest Name*: _____

Address: _____

City, State, Zip: _____

Telephone (day): _____

Phone (evening): _____

Email #: _____

As a condition of play, I release and agree to hold harmless Valley Forge Mountain Racquet Club, Inc (VFMRC) from any claim arising out of injury to myself, or any person listed above, associated with or due to the use of this facility.

Furthermore, I/We hereby submit to Valley Forge Mountain Racquet Club and agree to abide by the Rules and Regulations of the Club.

Guest fee is \$8.00 per date played.

Guest Signature*: _____

Parent/Guardian (minor*): _____