			General Lial	oility Wa	iver	
Organization						
Address						
Phone no				Representative Name		
Facility/service requested				·		
Date and time facilities reserved						
Event						
Date of event				Time of event		
Description of activities						
Quail Creek Country Club						
from sun lishi	lita of inia		hereby waive <u>Prope</u>			officers and employees
participated in			loss or damage to pe	rsonai prope	eriy associai	ea with activities
						Vaiver is made to the
			e under applicable la	w. I acknow	ledge that I l	nave signed this
document und	er my owi	n fre	e will.			
Name:						
Signature:					Date:	sampleforms.org