## THE SPA AT HARRAH'S HARRAH'S RINCON CASINO AND RESORT REGISTRATION CARD

Name		Date of Birth	
Street Address	City	State Zi	p
	RELEASE OF LIABILITY		
I, the undersigned, hereby state	<b>:</b> :		
	cards inherent in participating in the ung pools, spa and massage services		
I understand that I assume all r Harrah's ("Harrah's") Spa Facili	isks of loss, damage or injury inciden ities.	tal to my use of The Spa at	
I have no health problems or se	ensitivities, which would prevent me f	rom using the Spa Facilities.	
Band of Mission Indians d/b/a H members, officers, directors, ag	ntations or promises have been made Harrah's Rincon Casino and Resort, h gents or employees concerning any h , from the use of such Spa Facilities.	ICAL, LLC, or their respective	
HCAL, LLC, and their respectiv	Band of Mission Indians d/b/a Harrah' re members, officers, directors, agent esulting from my use of such Spa Fa a Facilities.	s or employees from any and	
	Band of Mission Indians d/b/a Harrah' re members, officers, directors, agetn r theft of my personal property.	· · · · · · · · · · · · · · · · · · ·	
The undersigned is 18 years of	age or older.		
Signature		Date	