

Free Medical Waiver Form

Applicant's Full Name: _____

Date: _____

Purpose of Waiver: _____

Medical History Summary:

Consent and Release from Liability:

I voluntarily agree to the conditions stated below and release all related parties from liability for any injury, loss, or damage that might arise from my participation or use of services.

Signature: _____ Date: _____

Guardian Signature (if applicable): _____ Date: _____

Please tick the checkbox if you agree:

- I have fully understood and agree to the terms stated in this medical waiver form.