Printable Medical Waiver Form

Participant's Name: _____

Date: _____

Activity or Event: _____

Health Insurance Provider: _____

Policy Number: _____

Known Health Concerns: _____

Acknowledgment and Consent:

I acknowledge that participation in the described activities could potentially result in physical injury. I consent to medical care and treatment in emergency situations. By signing below, I waive liability for any injuries received.

Signature: _____ **Date:** _____

Print Name: _____