

Event Activity Waiver Form

Participant Information

- Full Name: _____
- Contact Number: _____
- Address: _____
- Email: _____

Event Details

- Event Name: _____
- Date: _____ Location: _____
- Activity Description: _____

Release of Liability & Waiver Agreement

I understand the nature of this event and voluntarily assume all risks involved. I release the organizers from any claims, injuries, or damages.

I acknowledge and accept the risks associated with this event.

Health & Safety Disclosure

- I am in good health and fit to participate in this event.
- I will follow all event safety rules and guidelines.

Photography & Media Release

I consent to my images being used for promotional purposes.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____