

Event Participation Waiver Form

Participant Information

- Name: _____
- Age: _____ Date of Birth: _____
- Address: _____
- Phone Number: _____ Email: _____
- Emergency Contact Name: _____
- Phone: _____

Event Details

- Event Name: _____
- Date of Event: _____ Location: _____
- Type of Activity: _____

Assumption of Risk & Release of Liability

I acknowledge that participation in this event involves inherent risks, including but not limited to physical injuries, property damage, or other unforeseen circumstances. I assume full responsibility for my safety and well-being during this event.

By signing below, I release the event organizers, sponsors, and affiliated parties from any liability for injuries, damages, or losses incurred.

Medical Authorization

I authorize event staff to obtain emergency medical treatment if necessary. I accept full financial responsibility for any medical services required.

Photography & Media Release

I consent to the use of my images or recordings taken during the event for promotional purposes.

Participant Signature: _____ **Date:** _____

I confirm that I have read and understood this waiver.

Parent/Guardian Signature (if under 18): _____

Date: _____