

Main Event Waiver Form

Participant Details

- Name: _____
- Address: _____
- Contact Number: _____
- Email Address: _____
- Date of Birth: _____

Event Information

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

Acknowledgment of Risk & Waiver Agreement

I, the undersigned, acknowledge the risks associated with participation in this event and voluntarily assume all risks. I release the event organizers from any claims, liabilities, or damages resulting from my participation.

I have read and agree to this waiver.

Medical & Emergency Consent

I grant permission for emergency medical treatment if necessary and understand that I am responsible for any costs incurred.

Photo & Video Release

I consent to the use of my photographs or videos for promotional purposes.

Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____