

Personal Event Waiver Form

Participant Information

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

Event Information

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

Acknowledgment of Participation

I voluntarily participate in this event and understand that it carries risks, including injury or property damage. I assume full responsibility for my actions and safety.

I confirm my voluntary participation in this event.

Liability Waiver & Release

I release and hold harmless the event organizers, sponsors, and related entities from any claims, damages, or liabilities arising from my participation.

Medical Authorization

I authorize emergency medical treatment if needed and accept full financial responsibility for any medical services.

Media Consent

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

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____