

# Blank Indemnity Waiver Form

Full Name

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Address

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Phone

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Email

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## Indemnity Waiver

I, the undersigned, acknowledge that I am voluntarily participating in activities organized by \_\_\_\_\_ . I acknowledge the inherent risks involved and agree, to the fullest extent permitted by law, to waive and release any and all claims for damages or injury against the organizers, their agents, and representatives.

I affirm that I am in good health, I understand the risks, and I agree to indemnify and hold harmless the organizers from any liability, loss, or expense arising from my participation.

I confirm that all information provided is true and accurate.

Signature

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Date

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