

# Personal Injury Waiver and Release Form

Full Name

Date of Birth

Address

Phone Number

Email Address

## Release and Waiver

I, the undersigned, acknowledge the inherent risks associated with participating in activities and events organized by the above entity. I voluntarily assume all such risks and agree to release, waive, discharge, and hold harmless the organizers, employees, and affiliates from any and all claims, liabilities, or demands resulting from any injury, loss, or damage incurred while participating in such activities.

I further affirm that I am physically fit and capable of participating, and that I will comply with all safety instructions and rules.

I have read and fully understand the above waiver and release, and sign it voluntarily.

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Signature of Participant

Date:

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Printed Name

### If Participant is Under 18:

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Parent/Guardian Signature

Date: