

Activity Medical Waiver Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Name

Phone

Relationship

Medical Information

List any relevant medical conditions or allergies

List any current medications

Physician's Name & Phone (optional)

Insurance Provider & Policy Number (optional)

Waiver & Release

I acknowledge that participation in this activity may involve certain risks, including injury or illness. I certify that I am physically able and sufficiently trained to participate. I hereby release and hold harmless the organizers, their agents, and employees from any liability or claims arising out of my participation. I also authorize emergency medical treatment if needed.

Participant's Signature

Date

Parent/Guardian Signature *(if under 18)*

Date