

# Emergency Medical Waiver Agreement

I, the undersigned participant, hereby acknowledge and agree that in the event of a medical emergency, every effort will be made to contact the individuals listed below. However, in the event that I cannot be reached, I authorize the organization and its representatives to seek and secure treatment deemed necessary by a licensed healthcare professional.

I waive and release any and all claims for damages against the organization, its officers, employees, and agents that may arise as a result of the exercise of the authority granted herein or for any accident, injury, or illness occurring as a result of participation.

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Known Allergies or Medical Conditions

## Emergency Contact Information

Emergency Contact Name

Emergency Contact Phone

Relationship

**Consent and Signature**

By signing below, I certify that I have read and understand this Emergency Medical Waiver Agreement. I affirm that all information provided is accurate to the best of my knowledge.

Participant Signature

Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18)

Date: \_\_\_\_\_