

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: _____