

Medical Liability Waiver Form

This form releases [Organization/Provider Name] from any and all liabilities or claims arising from or in connection with participation in the specified activity/program. Please read carefully and provide all required information.

Participant Information

Full Name

Date of Birth

Address

Phone Number

Emergency Contact Name & Number

Medical Information

List any medical conditions, allergies, or medications:

Waiver of Liability

I, the undersigned, acknowledge and understand that participation in activities organized by [Organization/Provider Name] may involve risks of injury or illness. I hereby release and discharge [Organization/Provider Name], its agents, employees, and representatives from any and all claims or liabilities resulting from my participation. I certify that I am in good health to participate and that I have provided all relevant health information above. I agree to assume full responsibility for any injuries or damages which may occur, and further agree to follow all rules and instructions.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date

