

# Adult Event Participation Consent Waiver

## Participant Information

Name: \_\_\_\_\_

Event Name: \_\_\_\_\_

Date of Event: \_\_\_\_\_

## Waiver and Release

I, the undersigned, acknowledge and agree that my participation in the above event is voluntary. I understand that there are risks associated with participation, which may include injury, illness, or property damage.

In consideration for being permitted to participate, I hereby assume all such risks and agree to release and hold harmless the organizers, sponsors, officers, employees, and agents from any and all claims, liabilities, damages, or expenses arising out of or in connection with my participation in this event, whether caused by negligence or otherwise.

I confirm that I am at least 18 years of age and legally competent to sign this waiver.

I have read this Adult Event Participation Consent Waiver and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily.

---

Participant Signature

---

Print Name

---

Date