

Adult Event Waiver and Consent Form

Date: _____

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Event Information

Event Name

Event Date(s)

Waiver and Release of Liability

I, the undersigned participant, acknowledge and understand that participating in this event involves potential risks, including but not limited to physical injury. I voluntarily assume all risks associated with my participation. I hereby release and discharge the organizers, sponsors, and their representatives from any and all liability, claims, or demands arising from my involvement in this event.

Medical Consent

I authorize event personnel to obtain medical treatment for me in case of illness or emergency. I affirm that I

am physically fit to participate and have disclosed any relevant medical information below.

Medical Conditions, Allergies, or Medications (if any)

Participant Signature

Date