

Event Accident Waiver and Release of Liability

I, Full Name, acknowledge that I am voluntarily participating in the following event:

Event Name: Event Name

Event Date: MM/DD/YYYY

Event Location: Location

Waiver and Release

I understand that the event may involve physical activity and inherent risks of injury. I hereby assume all risks, known and unknown, and release and discharge the Event Organizer, its directors, officers, employees, volunteers, and agents from any and all liability for personal injury, property damage, or wrongful death arising out of or connected to my participation in the above event, whether caused by negligence or otherwise.

I certify that I am physically fit for participation and have not been advised otherwise by a qualified medical professional.

I have read and understood this document, and I agree to its terms freely and voluntarily.

Participant Information

Participant Name: _____

Signature: _____

Date: _____

Parent/Guardian Consent (If under 18)

I, as parent or legal guardian of the above participant, consent to their participation and agree to all terms and conditions of this waiver and release.

Parent/Guardian Name: _____

Signature: _____

Date: _____