

General Medical Liability Waiver

This General Medical Liability Waiver ("Waiver") is entered into voluntarily by the undersigned participant ("Participant") for purposes of participating in activities, programs, or events ("Activities") which may present a risk of injury.

Acknowledgment and Assumption of Risk

I acknowledge that my participation in the Activities may involve inherent risks, including but not limited to: injury, illness, or other unforeseen consequences. I understand the nature of these risks and fully accept and assume all responsibility for damages or losses which may arise as a result of participation.

Medical Authorization

I hereby authorize qualified personnel to provide medical attention in the event of an emergency, accident, or illness during the Activities, if deemed necessary and appropriate. I understand that I am responsible for all costs related to such medical care.

Release and Waiver

In consideration for being allowed to participate in the Activities, I release and hold harmless all organizers, leaders, representatives, employees, or agents associated with the Activities from any and all liability for injuries, damages, or losses that may be sustained by me due to participation.

Severability

I agree that this waiver will be construed broadly to provide a release and waiver to the maximum extent permitted under applicable law. If any part of this waiver is determined to be invalid, the remainder will continue to be in effect.

Participant Statement

I have read, understood, and voluntarily agree to the terms of this Waiver. I acknowledge that I am signing this Waiver freely and intending to be legally bound.

Participant Name (Print):

Participant Signature:

Date:

If Participant is under 18, Parent/Guardian Name and Signature:
