

Medical Waiver and Release Agreement

Participant's Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Medical Information

Known Medical Conditions / Allergies

Emergency Contact Name

Emergency Contact Phone

Waiver and Release

I acknowledge and agree that participation in the above-mentioned activity may involve certain inherent risks. I, on behalf of myself, my heirs, personal representatives, and assigns, hereby release, waive, discharge, and hold harmless the organizers, sponsors, employees, and agents from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me during participation in this activity.

I confirm that I am physically able to participate and that I have disclosed any medical conditions that may affect my participation. I give permission for emergency medical treatment in case of injury or illness.

I HAVE READ AND UNDERSTAND THIS AGREEMENT. I SIGN IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date