

# Adult Event Participation Release

Date: \_\_\_\_\_

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

Event Location: \_\_\_\_\_

## Participant Information

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Release of Liability

I, the undersigned, acknowledge that my participation in the above-referenced event is voluntary. I fully understand that participation in the event may involve inherent risks including, but not limited to, physical injury or loss. I assume all such risks and hereby release and hold harmless the organizers, sponsors, volunteers, affiliates, and their representatives from any liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury that may be sustained by me during or as a result of my participation in this event.

## Medical Treatment

I authorize medical treatment as may be deemed necessary in the event of injury, accident, or illness during this event. I accept responsibility for any medical expenses incurred.

## Photography/Videography Release

I grant permission for photographs and/or video taken of me during the event to be used in promotional materials, publications, and/or online media by the event organizers.

## Acknowledgment and Agreement

I certify that I am at least 18 years of age and have read, understand, and voluntarily agree to the terms of this release.

---

Participant Signature

---

Printed Name

---

Date