

Conference Attendee Liability Waiver Form

Attendee Information

Full Name

Email Address

Phone Number

Organization

Liability Waiver

By participating in this conference, I acknowledge and agree to assume all risks related to possible exposure to illness, injury, or any other incident that may arise from my attendance. I release the event organizers, sponsors, partners, and venue from all liability or claims arising from participation, except in cases of gross negligence.

I have read and agree to the terms of this liability waiver.

Signature

Type your full name

Date