

Participant Liability Release Form

Event Information

Event Name:

Event Date:

Event Location:

Participant Information

Full Name:

Phone Number:

Email Address:

Liability Release Agreement

I acknowledge that participation in this event carries with it certain risks and that I assume full responsibility for my actions during the event. I hereby release and hold harmless the organizers, sponsors, volunteers, and affiliates from any liability for injuries, losses, or damages resulting from my participation in the event, whether caused by negligence or otherwise.

I have read, understood, and voluntarily agree to the terms above. I certify that I am in good health and physically able to participate in this event.

Signature: Date:

Print Name:

If Participant is under 18 years of age

This is to certify that I, as parent/guardian, have read and explained the provisions in this waiver, release, and assumption of risk to my child, and I consent to his/her participation.

Parent/Guardian Signature: Date:

Print Name: