

Outdoor Event Liability Waiver

Participant Name: _____

Date of Birth: _____

Event Date: _____

Emergency Contact: _____

Release of Liability

I acknowledge that my participation in this outdoor event involves inherent risks, including but not limited to physical injury, disease, property loss or damage, and other hazards. I voluntarily assume all risks associated with my participation.

I hereby, for myself, my heirs, executors, and assigns, release, waive, and discharge the event organizers, sponsors, and related parties from any and all claims, liability, loss, or demands arising from my participation in this event.

Medical Consent

In the event of any injury or medical emergency, I authorize the event organizers to obtain necessary medical treatment on my behalf and understand that I am responsible for all costs related to such treatment.

Photography Consent

I consent to the use of my image and likeness in any photographs, videos, or recordings taken during the event for promotional or informational purposes, without compensation.

Acknowledgment

I have read and understand this waiver and agree to its terms freely and voluntarily.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date

