

Adult Recreational Program Waiver Statement

I, the undersigned participant, acknowledge that participation in the recreational program offered by the organization involves certain inherent risks and may result in accident, injury, or illness. I agree to assume all such risks and understand that participation is voluntary.

Release and Waiver

In consideration of being allowed to participate, I hereby release, waive, and discharge the organization, its staff, volunteers, and affiliates from any and all liability, claims, demands, and causes of action for injuries, loss, or damage that may arise from my participation, whether caused by negligence or otherwise, to the fullest extent allowed by law.

Medical Authorization

I authorize the organization to secure emergency medical care or treatment as deemed necessary for my health and safety, and I agree to assume responsibility for any costs incurred.

Acknowledgment

I confirm that I am at least 18 years of age and have read this Adult Recreational Program Waiver Statement. I understand its contents and sign it voluntarily.

Full Name:

Date of Birth:

Signature

Date