

Adult Workshop Activity Waiver

For Training Programs

I, the undersigned participant, hereby acknowledge that I have voluntarily enrolled in the training program or workshop organized by [Organization/Trainer Name]. I fully understand and agree to the following:

ASSUMPTION OF RISK

I understand that participation in this activity may involve inherent risks, including but not limited to physical injury, accidents, or other unforeseen hazards. I freely assume all risks that may result from my participation.

RELEASE OF LIABILITY

I release and discharge [Organization/Trainer Name], its officers, employees, and agents from any and all liability, claims, demands, or causes of action related to any loss, injury, or damage I may sustain as a result of participating in this program.

MEDICAL AUTHORIZATION

In case of emergency, I authorize [Organization/Trainer Name] to secure appropriate medical treatment for me. I certify that I am physically able to participate and do not have any medical conditions that would prevent me from safely engaging in the activities.

PHOTO/VIDEO RELEASE

I consent to the use of my image or likeness in any photographs or video recordings taken during the program for promotional or educational purposes.

ACKNOWLEDGEMENT

I have read and understood this waiver and release document. I am signing it voluntarily and acknowledge that by doing so, I am giving up certain legal rights.

Participant Full Name

Date

Signature

Sign here