

Workshop Liability Waiver Form

Participant Information

Full Name:

Address:

Phone Number:

Email Address:

Liability Waiver

I, the undersigned, acknowledge that I am voluntarily participating in training events organized by the workshop facilitators. I understand that participation in such events may involve physical activities and use of equipment that carry the risk of injury. By signing this form, I release and hold harmless the organizers, facilitators, sponsors, and venue from any and all liability, claims, damages, or expenses arising out of or in connection with my participation.

I certify that I am physically fit to participate, and that I will follow all instructions given by the facilitators. I agree to notify the organizers of any medical conditions or injuries that might affect my participation.

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I have read, understood, and agree to the above waiver and release.

Participant Signature:

Date:

Guardian Signature (if under 18):

Date:

