

General Workshop Release Form

Attendee Information

Full Name:

Email Address:

Phone Number:

Date:

Release & Waiver of Liability

By attending this workshop, I acknowledge and agree to the following:

- Participation in this workshop is voluntary.
- I release the organizers, instructors, and venue from any liability for injury or loss that may occur during the workshop.
- I accept responsibility for my personal property.
- I understand any instruction or materials are for educational purposes only.
- If emergency medical care is required, organizers are authorized to seek such treatment at my expense.

Photo and Media Release

I understand that photos or videos may be taken during the workshop for promotional or documentation purposes. I grant permission for my image or likeness to be used without compensation.

Acknowledgement & Signature

I have read and understood this release form and agree to its terms.

Signature:

Date:
