

# Workshop Indemnity Agreement for Group Training

This Indemnity Agreement ("Agreement") is made and entered into on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between:

**Participant Group Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

and

**Workshop Provider:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

## 1. Purpose

The Group desires to participate in the workshop or training program ("Workshop") provided by the Workshop Provider as described below:

**Workshop Title:** \_\_\_\_\_  
**Date(s):** \_\_\_\_\_  
**Location:** \_\_\_\_\_

## 2. Acknowledgement and Assumption of Risk

Each member of the Group acknowledges that participation in the Workshop may involve certain risks, including but not limited to physical or emotional injury, and assumes all such risks voluntarily.

## 3. Indemnity and Release

The Group hereby agrees to indemnify, defend, and hold harmless the Workshop Provider, its employees, representatives, and affiliates from and against any and all claims, liabilities, damages, or expenses (including attorneys' fees) arising out of participation in the Workshop.

## 4. Medical Authorization

In the event of a medical emergency, the Group authorizes the Workshop Provider to secure and administer treatment as may be deemed necessary.

## 5. Agreement Binding on Group Members

The undersigned attests that they are authorized to enter into this Agreement on behalf of the Group and that all Group members have read, understood, and agree to be bound by its terms.

## 6. General Provisions

- This Agreement constitutes the entire understanding between the parties.
- No amendments shall be effective unless in writing and signed by all parties.
- This Agreement is governed by the laws of \_\_\_\_\_.

**IN WITNESS WHEREOF**, the parties have executed this Agreement as of the date first written above.

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Authorized Representative, Participant Group

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Authorized Representative, Workshop Provider

Date: \_\_\_\_\_

If under 18 years of age, a parent or legal guardian must sign on behalf of the participant(s).