

Adult Medical Waiver and Release Form

Participant Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email:

Emergency Contact

Name:

Relationship:

Phone Number:

Medical Information

Please list any allergies, medications, or medical conditions:

Waiver and Release

I, the undersigned, acknowledge and agree that participation in activities may involve risk of injury or illness. I hereby release and hold harmless the organization, its employees, agents, and representatives from any and all liability for any injury, loss, or damage to person or property incurred in connection with participation.

I certify that I am physically fit to take part in these activities and have disclosed all relevant medical information. In the case of an emergency, I authorize medical treatment as deemed necessary by emergency personnel.

I have read, understand, and voluntarily sign this Adult Medical Waiver and Release Form.

_____ Signature

_____ Date