

Comprehensive Participant Medical Waiver Agreement

This Comprehensive Participant Medical Waiver Agreement ("Agreement") is entered into by the undersigned participant ("Participant") in connection with participation in activities, programs, or events ("Activities") hosted or organized by the sponsoring organization ("Organizer").

1. Medical Acknowledgment and Disclosure

By signing below, Participant affirms the following:

- Participant is physically and mentally capable of participating in the Activities.
- Participant has disclosed any and all medical conditions, allergies, medications, or limitations relevant to participation.
- Participant understands and accepts any risks associated with pre-existing medical conditions during the Activities.

2. Assumption of Risk

Participant acknowledges that participation in the Activities may involve inherent risks of injury, illness, or harm, including but not limited to physical exertion, accidents or unforeseen medical conditions.

Participant voluntarily assumes all risks associated with the Activities, whether known or unknown.

3. Waiver and Release of Liability

In consideration of being permitted to participate, Participant agrees to release and hold harmless the Organizer, its officers, employees, volunteers, and other participants from any and all liability for injury, illness, loss, or damage incurred as a result of participation, except where caused by gross negligence or willful misconduct.

4. Consent to Medical Treatment

In the event of an emergency or injury, Participant authorizes the Organizer to obtain emergency medical treatment on their behalf and agrees to be responsible for any associated costs.

5. Representation and Affirmation

Participant certifies that the information provided in this waiver is true and accurate to the best of their knowledge. Participant has read and understands the terms and voluntarily agrees to them.

Participant Name (Print)

Participant Signature

Date

Parent/Guardian Name & Signature (if under 18)
