

General Activity Medical Waiver

I, _____, acknowledge that participation in activities organized by _____ may involve physical exertion and inherent risks, including, but not limited to, injury, illness, or accidents.

I hereby freely and voluntarily assume all risks of personal injury or illness related to my participation in these activities.

Medical Authorization

I certify that I am physically fit and have not been advised otherwise by a qualified medical professional.

I authorize _____ and its representatives to seek emergency medical care on my behalf in the event of an injury or medical condition during my participation.

Waiver and Release of Liability

I release and discharge _____, its officers, agents, and employees from any and all claims, liabilities, or causes of action arising from my participation in these activities, except those arising from gross negligence or willful misconduct.

Participant Information

Name: _____

Date of Birth: _____

Emergency Contact

Name: _____

Phone: _____

Signature: _____

Date: _____