

Medical Consent and Waiver Form for Events

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Emergency Contact

Name

Phone Number

Relationship to Participant

Medical Information

Allergies

Current Medications

Medical Conditions / Special Needs

Primary Physician Name

Physician Phone

Consent & Waiver

I hereby consent to participation in the event and authorize the organizers to secure any necessary medical treatment in the case of emergency. I acknowledge that participation involves risk of injury and voluntarily agree to assume such risks. I release, waive, and hold harmless the event organizers from any and all liability.

Participant/Guardian Signature

Date