

Standard Medical Waiver Release Form for Activities

Participant Full Name

Date of Birth

Activity/Event Name

Date of Activity

Medical Information

Relevant Medical Conditions (if any)

Allergies

Emergency Contact Name & Phone

I, the undersigned, acknowledge that participation in the above indicated activity involves inherent risks. I declare that I am physically and medically able to participate. I hereby voluntarily release, discharge, and agree to hold harmless the organizers from any and all claims, liability, or causes of action arising out of my participation.

I have read and fully understand this medical waiver and release of liability.

Participant's Signature

Date

Parent/Guardian's Signature
(if under 18)

Date