

Pandemic Participation Release Form

Participant Name:

Date of Birth:

Phone:

Email:

Address:

Acknowledgment of Risk

I acknowledge that participation in this activity during a pandemic involves certain inherent risks including, but not limited to, the risk of exposure to infectious diseases which may result in serious illness, injury, or death. I understand and voluntarily assume all risks related to my participation.

☐ I acknowledge and accept the risks as described above.

Release of Liability

In consideration of being allowed to participate, I hereby release and hold harmless the organizers, affiliates, employees, and volunteers from any and all claims, liabilities, or damages arising from my participation and exposure to any contagious illness, including COVID-19.

☐ I agree to the release of liability terms.

Participant Signature:

Date:

Parent/Guardian Signature (if under 18):

Date:
