

Activity Participation Waiver Form

Activity Name:

Date:

Participant Information

Full Name:

Age:

Phone Number:

Email Address:

Waiver and Release of Liability

I, the undersigned, acknowledge that participation in the above activity involves certain risks. I hereby assume all risks, known and unknown, and agree to release and hold harmless the organizers, sponsors, representatives, and agents from any and all claims, demands, or causes of action as a result of my participation.

I confirm that I am physically fit and capable to participate and have not been advised otherwise by a qualified medical professional.

I have read and understand this waiver and agree to its terms.

Participant Signature: _____

Date: _____

For Participants Under 18

This section must be completed by a parent or legal guardian if the participant is under the age of 18.

Parent/Guardian Name: _____

Signature: _____

Date: _____