

Indemnity and Release of Claims Form

For Organizations

Organization Name

Enter organization name

Event / Activity

Enter event/activity name

Participant Name

Enter participant name

Address

Enter participant address

Contact Number

Enter contact number

Indemnity & Release:

I understand and acknowledge that my participation in the above event/activity organized by the above organization is voluntary. I hereby release, indemnify, and hold harmless the organization, its officers, employees, and agents from any and all liabilities, claims, demands, or causes of action that may arise out of or relate to any injury, loss, or damage that may occur during or as a result of my participation, except to the extent caused by gross negligence or willful misconduct.

I certify that I have read and agree to the terms and conditions stated above.

Signature of Participant

Date

If Participant is under 18:

Parent/Guardian Signature