

Workshop Participation Waiver

Participant Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Address: _____

Waiver and Release

I, the undersigned, confirm that I am voluntarily participating in the workshop conducted by [Organization Name]. I understand that participation may involve certain risks and I hereby release, discharge, and hold harmless [Organization Name], its agents, employees, and volunteers from any and all claims, liabilities, or damages arising out of my participation.

I acknowledge that I am physically able to participate and have notified the organizers of any relevant medical conditions.

I grant permission for [Organization Name] to use photographs and videos taken during the workshop for promotional and educational purposes.

I have read and understand this waiver, and I accept its terms willingly.

Adult Participant

Participant Signature

Date

If Participant is a Minor (Under 18 Years)

I am the parent or legal guardian of the above-named minor and give permission for them to participate in the workshop. I have read, understood, and agree to the terms of the waiver and release above.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian