

Education Program Waiver and Assumption of Risk

Participant Name:

Program Title:

Program Date(s):

Waiver and Release

I, the undersigned, acknowledge and understand that participation in the above education program (the "Program") involves inherent risks, including but not limited to, the risk of physical injury, illness, or property damage. I voluntarily agree to participate in the Program and assume all such risks.

In consideration of my participation in the Program, I, on behalf of myself, my heirs, executors, and assigns, hereby release and forever discharge the organization, its officers, employees, agents, and volunteers from any and all liability, claims, demands, and causes of action arising out of or related to any loss, injury, or damage that may be sustained by me as a result of my participation in the Program.

Assumption of Risk

I certify that I am physically fit to participate in the Program and have not been advised otherwise by a qualified medical professional. I agree to follow all rules, regulations, and instructions provided by the Program staff during my participation.

Emergency Contact Information

Emergency Contact Name

Emergency Contact Phone

Consent and Acknowledgment

By signing below, I acknowledge that I have read, understood, and voluntarily accept the terms of this waiver and assumption of risk. I certify that all information provided above is accurate and complete.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date