

General Liability Waiver Form

Participant Information

Full Name:

Address:

Phone Number:

Email:

Waiver of Liability

I hereby acknowledge that participation in activities involves risks of injury or harm. I voluntarily assume all risks associated with participation. I release and hold harmless the organizers, their affiliates, officers, employees, and agents from any and all claims, demands, or causes of action related to any loss, damage, injury, or expense arising out of or in connection with participation in this activity.

I certify that I am physically fit, have sufficiently prepared for participation, and have not been advised otherwise by a qualified medical professional.

By signing below, I confirm that I have read and fully understand this waiver and agree to be bound by 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 (Print)

Parent/Guardian Signature

Date