

# MULTI-PURPOSE ACCIDENT WAIVER AND RELEASE OF LIABILITY

**PLEASE READ CAREFULLY**

In consideration for being allowed to participate in any way in [Describe Event/Activity] (  Activity  ) and related activities, I hereby acknowledge, appreciate, and agree that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the organizers, and assume full responsibility for my participation.
- I willingly agree to comply with the stated and customary terms and conditions for participation.
- If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless [Organization Name], their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (  Releasees  ), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise.

## Participant Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Participant's Signature

Date

**For participants under 18 years old:**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child  s involvement or participation in these programs as provided above.

Parent/Guardian Signature

Date

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_