

Event Waiver and Medical Release Form

This **event waiver form sample** includes a comprehensive medical release section, ensuring participants acknowledge the risks and authorize medical treatment if necessary. Perfect for organizers seeking to protect their event legally while prioritizing attendee safety. Utilize this template to streamline the registration process and maintain clear communication with participants.

Participant Information

Full Name:

Date of Birth:

Email:

Phone Number:

Emergency Contact Name & Number:

Event Waiver and Release of Liability

I, the undersigned, agree to participate in the above named event and hereby acknowledge that participating in such an event carries inherent risks, including but not limited to physical injury, illness, or damage to property.

I voluntarily waive, release, and discharge the event organizers, sponsors, and affiliated entities from any and all claims, liabilities, or causes of action resulting from my attendance or participation.

Medical Release Authorization

In the event of injury or illness, I authorize the event organizers or medical personnel to administer necessary medical treatment to me. I also agree to be responsible for any costs associated with such treatment.

Please list any allergies, medical conditions or medications:

Include allergies, medications, or relevant medical information

Acknowledgment and Signature

I have read, understood, and agree to the terms of this event waiver and medical release. By signing below, I acknowledge that all information is accurate and I am freely consenting to these terms.

Participant Signature:

Date:

If participant is under 18, a parent/guardian must sign below:

Parent/Guardian Name:

Parent/Guardian Signature:

Submit