Event Participant Consent Form & Liability Waiver

Thank you for participating in our event. Please read the following consent and liability waiver carefully. By signing below, you acknowledge and agree to the terms outlined.

Participant Information

Full Name:

Date of Birth:

Contact Number:

Email Address:

Consent & Liability Waiver

I, the undersigned, hereby acknowledge that I have voluntarily chosen to participate in the event organized by [Event Organizer/Organization Name] to be held on [Event Date(s)] at [Event Location].

- I understand and accept that participation in the event involves certain risks, including, but not limited to, physical injury, illness (including communicable diseases), or property damage.
- I freely and voluntarily accept and assume all risks related to my participation in this event, whether known or unknown.
- I agree to comply with all event instructions, safety guidelines, and directions provided by event organizers and staff.
- I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, waive, discharge, and covenant not to sue [Event Organizer/Organization Name], its officers, employees, volunteers, affiliates, or representatives, from any and all liabilities, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury (including death), that may be sustained while participating in or resulting from the event, whether caused by negligence or otherwise.
- I authorize event organizers to secure medical treatment on my behalf if necessary, and I accept full responsibility for any associated costs.

I certify that I am physically able and sufficiently prepared to participate in this event. I agree that this waiver and release of liability shall be governed by the laws of [State/Province/Country].

Signature & Date

Participant Signature:

_____

Date:

_____

Parent/Guardian Signature (if under 18):

_____

Date:

_____

If you have any questions about this consent form or the event, please contact us at [Contact Information].