

Accident Waiver and Release of Liability Form

This **Accident Waiver and Release of Liability** ("Waiver") is executed on this ____ day of _____, 20____, by _____ ("Participant") in favor of _____ ("Organization").

1. Assumption of Risk

I acknowledge that participation in _____ ("Event/Activity") carries with it inherent risks, including the risk of physical injury, illness, property damage, or even death. I acknowledge and accept full responsibility for all risks that may arise from my participation.

2. COVID-19 Clause

I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by, COVID-19 by participating in the Event/Activity, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself, other participants, or others, including but not limited to Organization employees, volunteers, and program participants.

I agree to comply with all federal, state, and local health and safety guidelines and protocols related to COVID-19 while participating in the Event/Activity.

3. Waiver and Release

In consideration of being permitted to participate in the Event/Activity, I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby release, waive, discharge, and covenant not to sue the Organization, its officers, directors, employees, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including but not limited to illness, disability, or death, that may be sustained by me while participating in the Event/Activity, including exposure to COVID-19, whether caused by the negligence of the Organization or otherwise.

4. Medical Treatment Authorization

I give permission to the Organization to seek emergency medical treatment for me in case of accident or injury. I understand that I am responsible for all medical and insurance costs incurred.

Participant Name: _____
Signature: _____
Date: _____

(If participant is under 18)
Parent/Guardian Name: _____
Signature: _____
Date: _____

Disclaimer: This is a sample document for informational purposes only and does not constitute legal advice. Consult with a qualified attorney to ensure this waiver complies with your local laws and specific needs.