

Digital Injury Waiver Form

By submitting this form, you acknowledge the inherent risks associated with participation and agree not to hold the organizers responsible for any injury or loss.

Full Name*

Email Address*

Date*

Injury Waiver Agreement

| | |
|--|---------------------------|
| I hereby acknowledge and accept all risks associated with participation in activities organized by [Organization Name]. I waive all claims for damages or liability against the organizers, staff, and event partners for any injury or loss incurred. | <div>▲</div> <div>▼</div> |
|--|---------------------------|

Electronic Signature (Type Your Full Name)*

Type your full name as signature

Submit Waiver

Note: Your typed name serves as your legal electronic signature.