

Participation Waiver and Medical Release Form

This sample Participation Waiver Form with a Medical Release section is designed for use by event organizers to ensure safety and liability coverage for all participants.

Participant Information

Full Name:

Date of Birth:

Address:

Phone Number:

Emergency Contact Name:

Emergency Contact Phone:

Participation Waiver

I, the undersigned participant (or parent/legal guardian if participant is under 18), acknowledge that participation in this event involves inherent risks including, but not limited to, physical injury, illness, or property damage. I voluntarily assume all risks related to my participation and agree to release and hold harmless the event organizers, sponsors, and facility owners from any liability resulting from my participation.

Medical Release

In the event of a medical emergency, I grant permission to the organizers, staff, and emergency medical personnel to provide medical care or transport as deemed necessary for my health and safety. I understand that every attempt will be made to contact my emergency contact as listed above.

Please list any allergies or medical conditions that emergency personnel should be aware of:

Consent & Signature

I certify that I have read and fully understand this Participation Waiver and Medical Release. By signing below, I agree to the terms outlined above.

Participant Signature:

Date:

If participant is under 18:

Parent/Guardian Signature:

Download our **participation waiver form sample** complete with a medical release section to ensure comprehensive protection for event organizers and participants. This form clearly outlines the risks involved and secures consent for medical treatment if necessary. Ideal for sports, recreational activities, and group events requiring liability waivers.