

Event Participation Consent Form

Thank you for your interest in participating in our event. Please complete this consent form and submit it prior to the event date.

Participant Information

Full Name:

Date of Birth:

Address:

Contact Number:

Email:

Event Details

Event Name:

Event Date:

Consent and Waiver

I, the undersigned, agree to participate in the above-mentioned event. I understand that my participation is voluntary and that all reasonable precautions will be taken by organizers to ensure my safety. I agree to adhere to the rules and regulations set by the event organizers.

☐ I have read and understood the above declaration.

Participant Signature:

Date:

Parental/Guardian Consent (For Participants Under 18)

If the participant is under 18 years of age, a parent or legal guardian must complete this section.

Parent/Guardian Name:

Contact Number:

Email (optional):

I, the undersigned, am the parent/legal guardian of the above-named participant. I hereby give permission for my child/ward to participate in

the stated event. I acknowledge that I am responsible for ensuring my child understands the event rules and safety guidelines.

☐ I have read and agree to the above consent.

Signature of Parent/Guardian:

Date:

Submit