

Injury Waiver and Release of Liability - Event Participation

Please read and complete this form before participating in the event.

Participant Information

Full Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Event Name:	<input type="text"/>
Event Date:	<input type="text"/>

Waiver and Release

I, the undersigned, understand that participating in the above event may involve inherent risks, including but not limited to physical injury, illness, and property damage. I hereby voluntarily assume all risks associated with my participation in this event.

In consideration for being allowed to participate, I release, waive, and hold harmless the event organizers, venue, sponsors, volunteers, and affiliated parties from any and all liability for any injury or damages arising out of or connected to my participation.

I certify that I am physically fit to participate and have not been advised otherwise by a qualified medical professional. I agree to abide by all event rules and instructions provided by staff.

I have read and fully understand this waiver, and I understand that I am giving up substantial rights by signing it.

Participant Signature: _____ Date: _____

If participant is under 18 years of age, a parent or legal guardian must sign below:

Parent/Guardian Name: _____

Parent/Guardian
Signature: _____ Date: _____

[Print Form](#)