

Sample Workshop Medical Waiver Form

This **medical waiver form** is designed for sample workshops to ensure participant safety by acknowledging potential health risks. It collects essential health information and consent, protecting both organizers and attendees. Proper completion is crucial for legal compliance and risk management.

Participant Information

Full Name:**Date of Birth:****Emergency Contact Name:****Emergency Contact Phone:**

Medical Information

Known Allergies:**Current Medications:****Existing Medical Conditions:****Primary Physician (optional):**

Acknowledgements & Consent

I, the undersigned, hereby acknowledge that I have voluntarily chosen to participate in the sample workshop. I recognize that there are risks associated with participation, including potential injury or medical emergencies. I certify that the above information is accurate and complete.

By signing below, I release the workshop organizers, facilitators, and venue from any liability resulting from my participation. In the event of an emergency, I authorize the organizers to secure emergency medical treatment on my behalf if deemed necessary.

I have read and agree to the terms of this medical waiver form.

Participant Signature:

Date:

Submit