

Beneficiary Waiver of Liability

Date: [Insert Date]

To Whom It May Concern,

I, [Beneficiary's Full Name], hereby acknowledge that I have chosen to participate in the educational programs offered by [Organization Name].

I understand that participation in these activities may involve certain inherent risks, including but not limited to [list possible risks, e.g., physical injury, emotional stress]. I voluntarily assume all risks associated with my participation.

In consideration of being allowed to participate in these programs, I hereby waive, release, and discharge [Organization Name], its employees, volunteers, and agents from any and all claims for damages or injuries arising out of my participation.

This waiver of liability extends to all claims, whether known or unknown, foreseen or unforeseen, and includes any claims resulting from negligent acts or omissions of [Organization Name].

I affirm that I am of legal age and competent to sign this waiver. If signing on behalf of a minor, I confirm that I am the parent or legal guardian of [Minor's Name], and I accept the terms of this waiver on their behalf.

Thank you for your understanding.

Sincerely,

[Beneficiary's Signature]

[Beneficiary's Printed Name]

[Contact Information]