

Beneficiary Waiver of Liability

Date: [Insert Date]

To: [Insert Name of Organization/Event Host]

Address: [Insert Address]

Dear [Insert Name],

I, [Beneficiary's Full Name], hereby acknowledge that my participation in [Insert Activity or Event Name] on [Insert Date of Activity/Event] involves certain risks of injury, including but not limited to [List Potential Risks].

By signing this waiver, I agree to waive any and all claims against [Insert Organization/Event Host Name], its staff, volunteers, and affiliates for any personal injuries that may occur as a result of my participation in this activity.

I understand that this waiver shall be binding upon my heirs, assigns, and personal representatives.

In witness whereof, I have executed this Waiver of Liability on the day and year first above written.

Beneficiary's Signature: _____

Printed Name: [Beneficiary's Full Name]

Date: _____

Witness Signature: _____

Printed Name: [Witness's Full Name]

Date: _____