Participant Waiver and Release of Liability

Date:
Event Name:
Location:
Participant Information
Name:
Address:
Phone Number:
Email:
Waiver Agreement
I, the undersigned, acknowledge that I am voluntarily participating in the event described above I understand that my participation may involve inherent risks, including but not limited to injury illness, and damage to personal property.
In consideration of being allowed to participate, I hereby release, waive, and discharge the organizers, sponsors, and all affiliated entities from any and all claims, liabilities, losses, and damages arising from my participation in the event.
Signature
By signing below, I confirm that I have read and understood this waiver and agree to its terms.
Participant Signature:
Date:
Emergency Contact Information
Name:
Phone Number:
Thank you for your participation!