

# Service Liability Waiver

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Dear Participant,

By signing this waiver, you acknowledge that you are participating in outdoor activities organized by [Organization Name] at your own risk. You understand that these activities may involve inherent risks and dangers, including but not limited to, slips, falls, and other accidents.

In consideration of your participation, you hereby waive, release, and discharge [Organization Name], its agents, employees, and representatives from any and all claims, liabilities, or causes of action that may arise from your participation in these activities.

By signing below, you confirm that you have read, understood, and agree to the terms of this waiver.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Thank you for your understanding.

Sincerely,  
[Your Name]  
[Your Position]  
[Organization Name]