

Waiver of Liability Form

Participant's Full Name: _____

Participant's Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

I, the undersigned Participant, hereby acknowledge and agree to the following terms and conditions of this Waiver of Liability:

- Nature of Activity:** I understand that I am voluntarily participating in the activity or event organized or sponsored by [Event/Organization Name] ("Organizer"). The activity or event is described as follows: [Provide a brief description of the activity or event].
- Assumption of Risk:** I acknowledge and understand that the activity or event involves certain risks and hazards. I voluntarily assume all risks associated with my participation, including but not limited to accidents, injuries, property damage, and any other risks inherent in the activity or event.
- Release and Waiver:** In consideration of being allowed to participate in the activity or event, I hereby release, discharge, and hold harmless the Organizer, its officers, directors, employees, agents, representatives, and volunteers from any and all claims, demands, actions, causes of action, liabilities, costs, expenses, or damages of any kind, whether known or unknown, that may arise out of or in connection with my participation.
- Physical Fitness and Health:** I hereby represent that I am physically fit and have no medical condition that would prevent my full participation in the activity or event. If there are any changes to my health or fitness status that may affect my ability to participate, I agree to notify the Organizer promptly.
- Consent to Medical Treatment:** In the event of any injury or medical condition arising during my participation in the activity or event, I authorize the Organizer to obtain medical treatment on my behalf, including but not limited to emergency medical care, hospitalization, surgery, or administration of medication. I agree to be responsible for any costs associated with such treatment.
- Insurance:** I understand that the Organizer does not provide personal insurance coverage for participants. I acknowledge that I am responsible for obtaining and maintaining any necessary insurance coverage, including but not limited to health insurance, to protect myself during my participation.
- Compliance with Rules and Instructions:** I agree to comply with all rules, regulations, instructions, and guidelines provided by the Organizer regarding the activity or event. I

understand that failure to comply may result in my removal from the activity or event without a refund.

8. **Severability:** If any provision of this waiver is found to be invalid or unenforceable, the remaining provisions shall continue to be binding and enforceable to the fullest extent permitted by law.

9. **Governing Law and Jurisdiction:** This waiver shall be governed by and construed in accordance with the laws of [State/Country]. Any dispute arising out of or in connection with this waiver shall be subject to the exclusive jurisdiction of the courts of [State/Country].

Participant's Signature: _____

Date: _____