

ASSUMPTION OF RISK WAIVER

Business Name: _____

Date: _____

Assumption of risk waiver documenting that participants understand and voluntarily accept the risks of an activity. Foundation of any liability protection.

** Required fields*

Participant Full Name *

Email *

Phone Number *

Date of Birth *

Activity/Event Name *

Date(s) *

Location *

Specific risks of this activity *

List specific known risks...

I have been informed of all known risks *

I voluntarily assume all risks, known and unknown *

I am physically capable of participating *

Participant Signature *

Sign here

Date: _____

CONSENT / WAIVER

VOLUNTARY ASSUMPTION OF RISK: I acknowledge that participation in the activity described above involves inherent risks that cannot be eliminated regardless of the care taken to avoid them. I have been informed of the specific risks listed above and I understand them. I

VOLUNTARILY ASSUME ALL RISKS of participation, including but not limited to personal injury, illness, disability, death, and property damage

or loss. I understand that this assumption of risk is in addition to any release of liability or waiver I may have signed.

Client Signature: _____

Date: _____

Print Name: _____