

EVENT LIABILITY WAIVER

Business Name: _____

Date: _____

Liability waiver for event organizers and venues covering participant safety, property damage, and assumption of risk during events.

** Required fields*

Participant Full Name *

Email *

Phone Number *

Date of Birth *

Event Name *

Event Date *

Event Location *

Emergency Contact Name *

Emergency Contact Phone *

Medical conditions or allergies

I voluntarily assume all risks of participating in this event *

I release the organizers from liability for injury or property damage *

I consent to emergency medical treatment if needed *

Participant Signature *

Sign here

Date: _____

CONSENT / WAIVER

PARTICIPANT WAIVER AND RELEASE: In consideration of being permitted to participate in the event described above, I voluntarily assume all risks associated with participation, including but not limited to personal injury, property damage, and illness. I release and discharge the event organizers, sponsors, venue, and their agents from all claims, demands, and causes of action arising from my participation. I consent to emergency medical treatment if I am unable to give consent at the time of an emergency. This waiver is binding upon my heirs, executors, and assigns.

Client Signature: _____

Date: _____

Print Name: _____