

# LIABILITY WAIVER FORM

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**Business Name:** \_\_\_\_\_

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

*General-purpose liability waiver and release of claims form. Works for any business or activity where participants assume risk.*

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*\* Required fields*

**Participant Full Name \***

\_\_\_\_\_

**Email \***

\_\_\_\_\_

**Phone Number \***

\_\_\_\_\_

**Date of Birth \***

\_\_\_\_\_

**Address \***

\_\_\_\_\_

**Emergency Contact Name \***

\_\_\_\_\_

**Emergency Contact Phone \***

\_\_\_\_\_

**Activity/Service \***

*Describe the activity or service*

\_\_\_\_\_

**Date of Activity \***

\_\_\_\_\_

**Medical conditions or physical limitations**

- I voluntarily assume all risks associated with this activity \*
- I waive all claims against the provider for injury or damage \*
- I confirm I am physically fit to participate \*
- I am at least 18 years old (or have parental consent) \*

**Participant Signature \***

*Sign here*

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

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**CONSENT / WAIVER**

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: I voluntarily choose to participate in the activity described above. I understand that the activity involves inherent risks, including but not limited to physical injury, illness, property damage, disability, and death. I assume full responsibility for all risks, both known and unknown. I hereby release, discharge, and hold harmless the provider, its owners, employees, agents, and affiliates from any and all liability, claims, demands, actions, and causes of action arising from my participation. I understand that this waiver is binding upon my heirs, executors, administrators, and assigns. This release applies to injuries caused by negligence of the released parties but does not apply to injuries caused by gross negligence or willful misconduct.

**Client Signature:** \_\_\_\_\_

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

**Print Name:** \_\_\_\_\_