

Activity Waiver and Release of Liability Form

Event Name: _____

Event Date: _____

Location: _____

Participant Information:

- Name: _____
 - Date of Birth: ____ / ____ / ____
 - Phone Number: (____) - _____
 - Email: _____
 - Emergency Contact Name: _____
 - Emergency Contact Phone: (____) - _____
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Acknowledgment and Assumption of Risk:

I, the undersigned participant, understand that participation in Outdoor Adventure Day involves inherent risks, including but not limited to physical injury, illness, property damage, or even death. I voluntarily assume all risks associated with my participation in this event.

Release of Liability:

In consideration for being allowed to participate in Outdoor Adventure Day, I hereby waive, release, and discharge [Organization Name], its employees, volunteers, sponsors, and agents

from any and all claims, liabilities, or demands arising out of or related to any loss, injury, or damage that may occur as a result of my participation.

Medical Authorization:

In the event of an emergency, I authorize [Organization Name] staff or volunteers to secure any necessary medical treatment for me, including transportation to a hospital or clinic.

Photo/Video Release (Optional):

- ☐ I give permission for [Organization Name] to use photos or videos of me taken during the event for promotional purposes.
 - ☐ I do not consent to the use of my image.
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Signature:

- **Participant's Signature:** _____
- **Date:** ____ / ____ / ____

(If participant is under 18 years old)

- **Parent/Guardian Name:** _____
- **Parent/Guardian Signature:** _____
- **Date:** ____ / ____ / ____