

RELEASE AND WAIVER OF LIABILITY

PARTICIPANT INFORMATION

Name: _____
Address: _____
Phone: _____
Email: _____
Emergency Contact: _____

ACTIVITY

Event/Activity: _____
Date(s): _____
Location: _____

I understand and acknowledge that participation in this activity involves inherent risks. I voluntarily assume all risks associated with participation.

INITIAL EACH:

- I have read and understand this waiver
 I am at least 18 years old
 I am in good physical condition

PARTICIPANT

Signature: _____
Print Name: _____
Date: _____