

WAIVER AND RELEASE OF LIABILITY AGREEMENT

1. PARTICIPANT/RELEASING PARTY INFORMATION

Field	Details
Participant Name	
Date of Birth	
Address	
Emergency Contact	

2. ACTIVITY AND RELEASED PARTY INFORMATION

- **Activity/Event:** [Name of Activity, e.g., "Annual Charity Run," "Gym Membership," "Facility Rental"]
- **Location:** [Location/Address where the activity takes place]
- **Released Party (Organization/Host):** [Company/Organization Name] (Hereinafter, the "Released Party")

3. ACKNOWLEDGEMENT AND ASSUMPTION OF RISK

The Participant acknowledges and agrees that participation in the Activity involves inherent risks, known and unknown, that could result in property damage, bodily injury (including permanent disability, paralysis, or death), and other losses. These risks include, but are not limited to: [List specific risks, e.g., muscle strains, falls, exposure to elements, equipment failure].

THE PARTICIPANT VOLUNTARILY ACCEPTS AND ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF INJURY, ILLNESS, OR LOSS WHATSOEVER, INCLUDING THOSE CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTY.

4. WAIVER AND RELEASE OF CLAIMS

In consideration of being permitted to participate in the Activity, the Participant (and their heirs, executors, and administrators) hereby agrees to **WAIVE, RELEASE, AND FOREVER DISCHARGE** the Released Party, its owners, officers, directors, agents, employees, and representatives (collectively, the "Releasees"), from any and all claims, demands, liabilities, and causes of action of any kind, whether arising from negligence or otherwise, which the Participant has or may have in the future, related to participation in the Activity.

5. INDEMNIFICATION

The Participant further agrees to **INDEMNIFY AND HOLD HARMLESS** the Releasees from any loss, liability, damage, or cost, including attorney's fees, that the Releasees may incur due to the Participant's participation in the Activity, whether caused by the Participant's negligence or otherwise.

6. MEDICAL AUTHORIZATION (Optional)

The Participant authorizes the Released Party to seek and obtain medical treatment on their behalf in case of injury, accident, or illness during the Activity, provided the Released Party first makes a reasonable effort to notify the Emergency Contact. The Participant agrees to be responsible for all costs associated with such treatment.

7. EXECUTION

I hereby certify that I am 18 years of age or older and am signing this Agreement voluntarily. I have read, understand, and agree to the terms of this Waiver and Release of Liability.

Participant Signature: _____

Printed Name: _____

Date: _____

8. PARENT/GUARDIAN CONSENT (If Participant is under 18)

I, the undersigned parent or legal guardian, acknowledge that my minor child will participate in the Activity. I have read and understand this Agreement and agree that its terms are binding upon me and my child. I further give my express consent to the Released Party to seek and authorize necessary medical treatment for my child.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____