

Corporate Workshop Insurance Waiver Form

Participant Information

Full Name

Company/Organization

Email

Phone Number

Workshop Details

Workshop Title

Date of Workshop

Location

Waiver and Release

By signing below, I acknowledge, understand, and agree that my participation in this workshop is voluntary. I hereby waive, release, and discharge the organizers and affiliated entities from any and all liabilities, claims, demands, or causes of action related to any loss, damage, injury, or illness that may occur during or as a result of my participation in this event, except where caused by gross negligence or willful misconduct.

I understand that it is my responsibility to ensure I am adequately insured for such activities, and I accept all risks associated with participation.

☐ I have read and agree to the terms stated above.

Participant Signature

Date

