

# Veteran Support Group Activity Waiver Form

## Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact Name

Emergency Contact Phone

## Activity Details

Activity Name

Date of Activity

## Medical Information

Relevant Medical Conditions / Allergies

## Waiver & Release of Liability

I acknowledge that my participation in this activity is voluntary and may involve risks, including potential injury. I hereby release and hold harmless the Veteran Support Group, its organizers, and affiliates from any and all claims arising from participation in this activity.

I certify that the information provided above is accurate and complete.

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Participant Signature

Date

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Parent/Guardian Signature (if under 18)

Date