

Confetti/Glitter Effects Safety Waiver

Event Information

Event Name:

Event Date:

Location:

Participant Information

Name:

Contact Number:

Email Address:

Waiver & Release

I understand that participation in this event may involve the use of confetti and/or glitter effects. I acknowledge potential risks, including but not limited to slip hazards, respiratory irritation, allergic reactions, and eye irritation.

By signing below, I voluntarily assume all risks associated with participation and agree to release the event organizers, venue, and associated parties from any liability for injuries or damages that may result from my participation in this event.

I confirm that I do not have any known allergies or conditions that would put me at increased risk, or I am participating at my own risk.

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

Participant Signature:

Date:

Parent/Guardian Signature (if under 18):

Date: