

Adventure Sports Waiver Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Emergency Contact

Contact Name

Contact Phone

Relationship

Waiver and Release of Liability

I acknowledge that participation in adventure sports involves inherent risks, including but not limited to physical injury, illness, or property damage. I voluntarily assume all such risks and release the organizers, staff, and affiliates from any and all liability, claims, or causes of action arising out of my participation.

I certify that I am physically fit to participate and have not been advised otherwise by a qualified medical professional.

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I have read and agree to the terms of the waiver and release of liability.

Participant Signature

Date

Guardian Signature (if under 18)

Date

