

Extreme Obstacle Course Entry Waiver

Participant Information

Full Name

Date of Birth

Address

Emergency Contact

Name

Phone Number

Waiver and Release of Liability

I acknowledge that participation in the Extreme Obstacle Course involves inherent risks, including the risk of injury or death. I voluntarily assume all such risks.

I hereby release and discharge the organizers, sponsors, event staff, and associated parties from all liability for any injury, loss, or damage resulting from participation. I certify that I am physically fit and capable of participating in this event.

☐

I have read and agree to the terms above.

Participant Signature

Date

For Participants Under 18

I am the parent/guardian of the minor named above and have read this waiver. I consent to their participation and agree to all terms and conditions stated.

Parent/Guardian Name

Parent/Guardian Signature

Date