

# ATV Off-Road Adventure Waiver

## Participant Information

Full Name

Date of Birth

Address

Phone

Email

## Waiver Agreement

I acknowledge that participation in the ATV Off-Road Adventure involves inherent risks, including injury or death. I voluntarily accept all risks associated with this activity. I agree to follow all safety instructions and assume full responsibility for my actions. I release and discharge the organizers, property owners, and their representatives from any and all claims or liabilities arising from my participation.

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I have read and agree to the waiver terms above.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date

