

# Fasting Challenge Participation Waiver

Full Name

Email Address

Date of Birth

## Waiver of Liability

I acknowledge that participation in the fasting challenge is voluntary. I confirm that I am in good health and have consulted with my healthcare provider if necessary. I accept full responsibility for my health and well-being during the challenge. I release the organizers from liability for any injury, loss, or damage resulting from participation.

Participant Signature

Date

Additional Notes (optional)