Property Damage Waiver Release Form

Date:
Full Name:
Address:
Disease Mentals and
Phone Number:
Release Statement
I, the undersigned, acknowledge that I am aware of the potential risk of property damage associated with the activities and/or facilities provided. I hereby voluntarily waive and release any claims against the owner, organization, or its affiliates for any property damage that may occur.
Description of Property/Item(s):
Additional Comments or Details:
Signature
Date