

Virtual Event Media Waiver and Liability Form

Participant Information

Full Name

Email Address

Event Name

Media Waiver

I hereby grant permission to the organizers of the event to record, photograph, and/or broadcast my participation during the virtual event. I understand that these materials may be used for promotional and informational purposes, including but not limited to social media, websites, and printed materials.

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I agree to the Media Waiver terms stated above.

Liability Release

By participating in this virtual event, I acknowledge and assume all potential risks related to my participation. I release the organizers, sponsors, and affiliated parties from any and all liability, claims, or demands that may arise related to this event.

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I agree to the Liability Release terms stated above.

Signature (Type your full name)

Date