

# Adventure Sports Liability Release

## Participant Information

Full Name

Date of Birth

Phone Number

Address

## Release of Liability

I acknowledge that participation in adventure sports involves inherent risks, including the possibility of physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand and agree to assume all risks associated with participation, whether known or unknown to me, and hereby release and discharge the organizers, employees, and affiliates from any and all claims or liability.

## Medical Authorization

I certify that I am physically fit and capable of participating in this activity. In case of an emergency, I authorize medical care and understand I am responsible for any costs incurred.

## Acknowledgement

☐ I have read and fully understand this liability release and voluntarily agree to its terms.

Participant Signature

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Date

Parent/Guardian Signature (if under 18)

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Date

