

Liability Waiver & Medical Disclosure

This Liability Waiver & Medical Disclosure ("Agreement") is entered into by the undersigned participant ("Participant") for participation in activities, events, or services provided by **[Organization/Provider Name]**.

1. Acknowledgment of Risks

I acknowledge that participation in activities may involve certain risks, including but not limited to physical injury, illness, or property damage. I voluntarily assume all such risks, whether known or unknown to me.

2. Release of Liability

In consideration of being permitted to participate, I hereby release and hold harmless **[Organization/Provider Name]**, its owners, employees, and agents from all liability for any injury, loss, or damage to person or property incurred in connection with participation.

3. Medical Disclosure

I confirm that I am physically fit to participate and have disclosed below all relevant medical conditions. I give consent for emergency medical treatment if deemed necessary during my participation.

Participant Name

Please list any allergies, chronic conditions, or medications:

Emergency Contact (Name & Phone)

Signature

Date

Important Notes

- Read this document carefully before signing; it affects your legal rights.
- Ensure all medical conditions and allergies are fully and accurately disclosed.
- This waiver may not cover incidents arising from provider negligence or unlawful acts.
- Consult legal counsel if you do not understand any part of this waiver.
- Keep a copy of this document for your records.