

Corporate Group Activity Release Form

Company Name:

Activity Name:

Activity Date:

Location:

Participant Information

Full Name:

Department:

Contact Number:

Release and Waiver

I acknowledge and fully understand that participation in this activity involves risks of injury, and I voluntarily assume all risks associated. I hereby release and hold harmless the Company, its employees, and agents from any liability, claims, demands, or causes of action arising out of or relating to any loss, damage, or injury sustained during my participation in the activity.

Emergency Contact Information

Name:

Relationship:

Phone Number:

Medical Information (Optional)

Please list any relevant medical conditions or allergies:

Participant Signature: Date:

Company Representative: Date:

Important Notes

- This form must be signed before participating in any corporate group activity.
- Read all sections carefully before signing to ensure understanding of the waiver terms.
- Failure to disclose relevant medical information may affect assistance in case of emergency.
- Keep a copy of the signed release form for your own records.
- For participants under 18, a parent or legal guardian's signature may be required.