

Emergency Medical Authorization & Liability Waiver

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name (if minor): _____

Contact Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Allergies/Medical Conditions: _____

Medical Authorization

I, the undersigned, hereby authorize any licensed physician, medical technician, hospital, or emergency medical facility to provide any treatment or medical care deemed reasonably necessary to ensure the safety and well-being of the Participant in the event of accident, injury, or illness during participation in the event/program.

I understand reasonable attempts will be made to contact me prior to rendering treatment, but if I cannot be reached, I consent to emergency medical treatment as determined by qualified medical personnel.

Liability Waiver

I acknowledge and understand that participation in the event/program involves inherent risks, including but not limited to injury, illness, or property loss. I voluntarily assume all such risks and agree to release and hold harmless the organizers, their officers, agents, and volunteers from any and all liability or claims arising from participation in this event/program.

This waiver and authorization is effective for the duration of the event/program unless revoked in writing.

Signature of Participant/Guardian: _____

Date: _____

Important Notes

- This document must be signed by a parent/guardian if the participant is under 18 years old.
- Keep all emergency contact information updated and legible.
- This waiver does not eliminate the duty of organizers to exercise reasonable care.
- Participants with special medical needs should attach additional documentation as necessary.

- Consult your legal advisor to ensure this form meets local legal requirements.