

Accident Waiver and Release of Liability

I acknowledge that by signing this document, I am releasing [Event Organizer/Company Name], its officers, employees, and agents from liability in the case of accident, injury, or death resulting from my participation in the activities related to [Event/Activity Name] on [Event Date].

I certify that I am physically fit and capable of participating in this event, and I agree to abide by all rules and instructions. I understand the risks involved and hereby assume all responsibility for any damages or injuries I may sustain as a result of my participation.

I hereby waive, release, and discharge any and all claims for damages, injuries, or losses to myself or my property, which may arise as a result of my participation in this event.

Full Name:

Date:

Signature:

Submit