

# Full Release of Liability Form

Full Name:

Address:

Phone Number:

Event/Activity (if applicable):

I hereby release and discharge [Organization/Individual Name], its agents, employees, and representatives, from any and all liability, claims, demands, or causes of action that may arise from participation in the above described activity/event, whether caused by negligence or otherwise.

I have read and understand this release and accept all risks involved.

Signature:

Date:

Submit