

Participant Waiver and Consent Form

Event/Activity Name:

Date:

Participant Name:

Contact Number:

Email Address:

Waiver and Consent

I hereby acknowledge that my participation in the above event/activity is voluntary. I assume all risks and responsibilities for any injury or loss which may result from my participation. I consent to the collection and use of my information for event purposes.

I have read and understood the waiver and consent statement above.

Signature:

Date: