

Assumption of Risk Form

Please read carefully and sign below to indicate your understanding and acceptance of the risks associated with this activity.

Participant Name:

Activity:

Date:

Assumption of Risk

I acknowledge that participation in the above activity involves inherent risks including, but not limited to, physical injury. I voluntarily assume all such risks and accept full responsibility for any damages, injury, or loss that may arise.

Signature:

Date Signed:

Submit