

Opt-Out of Insurance Requirement Agreement

This Opt-Out of Insurance Requirement Agreement ("Agreement") is entered into by and between:

Name:

Address:

Phone Number:

I understand that insurance coverage is typically required for participation in certain activities or events. By signing below, I hereby acknowledge and agree to opt out of the insurance requirement and assume all responsibility and liability for any claims, damages, or injuries that may occur as a result of my participation.

I certify that I have read and understand this Agreement, and I voluntarily choose to proceed without insurance coverage.

Signature:

Date:

For Office Use Only

Processed by: Date: