

## 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:**

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*For Office Use Only*

Processed by:  Date: