

Participant Release Form

By signing this form, I acknowledge that I have read and understand the terms of participation, and I agree to release the organizers from all liability as stated below.

Participant Name:

Address:

Phone Number:

Email:

I hereby grant permission for the use of my image, likeness, and name in photographs, video recordings, and other media generated during the event for promotional or archival purposes by the organizers.

Signature:

Date: