

# Rights and Immunities Release Form

Full Name:

Address:

Phone Number:

Email Address:

## Release Terms

I hereby voluntarily release and forever discharge [Organization Name], its agents, employees, officers, volunteers, successors, and assigns from any and all rights, claims, demands, and causes of action, including liability for personal injury or property damage, arising out of my participation in activities and events hosted by [Organization Name].

☐ I have read and agree to the terms above.

Signature:

Date:

Submit