

# Temporary Immunity Waiver

This Temporary Immunity Waiver ("Waiver") is made and entered into on this  day of , , by and between:

**Name of Participant:**

**Address:**

The Participant understands and acknowledges that participation in certain activities may expose them to risks, including but not limited to illness, injury, or other unforeseen events. By signing this waiver, the Participant voluntarily agrees to temporarily waive certain immunities or claims arising out of such participation.

**Details of Temporary Immunity Waiver:**

The Participant affirms that they have read and understand this Waiver and accept its terms.

**Signature of Participant:**

**Date:**

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**Witness Name:**

**Signature:**

**Date:**