

Medical Emergency Release of Liability

I, the undersigned, hereby acknowledge and agree that I am voluntarily participating in the event and assume all risks associated with my participation. In the event of a medical emergency, I authorize the event organizers and their representatives to secure, at my expense, medical treatment deemed necessary for my immediate care.

I release and hold harmless the event organizers, their agents, employees, volunteers, and affiliates from any and all liability for injuries, damages, or losses sustained as a result of participation in the event or as a result of any medical treatment authorized as above.

Participant Information

Full Name

Date of Birth

Emergency Contact Name

Emergency Contact Phone

Known Allergies / Current Medications

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date