

Release of Liability Waiver

Assumption of Risk and Release Form

Organization / provider	[BUSINESS OR ORGANIZER NAME] ("Provider")
Activity	[e.g. rock climbing class, yoga session, volunteer event]
Date(s) and location	[DATE(S), ADDRESS]

1. Assumption of risk

I understand that taking part in the Activity involves risks, including but not limited to [falls, muscle strains, collisions, equipment failure], which could result in injury, illness, property damage or, in rare cases, death. I voluntarily choose to participate and accept these risks.

2. Release and waiver

To the fullest extent allowed by law, I release Provider, its owners, staff, volunteers and agents from any claims for injury, loss or damage arising from my participation in the Activity, except claims caused by their gross negligence or willful misconduct.

3. Health and fitness

I confirm that I am physically able to take part, and I will tell staff about any medical condition that could affect my safety. I agree to follow all safety rules and instructions.

4. Medical treatment

If I am injured, I authorize Provider to obtain emergency medical care for me, and I accept responsibility for any related costs.

5. Photos (optional)

☐ I agree ☐ I do not agree that photos or videos of me taken during the Activity may be used in Provider's promotional materials.

6. General

This form is governed by the laws of [STATE]. If any part is found unenforceable, the rest remains in effect. I have read this form, understand it, and sign it voluntarily.

Participant name: _____	Date of birth: _____
Signature: _____	Date: _____
Emergency contact: _____	Phone: _____

If participant is under 18 – parent or guardian

I am the parent/legal guardian of the participant and agree to this form on their behalf.

Name: _____ Signature: _____ Date: _____

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