

Participation waiver form

Participation Waiver & Assumption of Risk

Please read this agreement carefully before participating in the activity, program, class, event, workshop, recreational session, or other organized activity.

Voluntary participation

I understand that participation is voluntary. I am choosing to participate, or to permit the minor participant identified below to participate, after considering the nature of the activity and the risks described in this agreement.

Activities may include physical, recreational, educational, social, outdoor, indoor, competitive, or other organized activities. The specific activities and level of physical involvement may vary depending on the program or event.

Assumption of risk

I understand that participation may involve inherent and other risks that cannot be completely eliminated even when reasonable safety precautions, supervision, rules, and equipment are used.

Depending on the activity, risks may include physical exertion, slips, trips, falls, collisions, contact with other participants, uneven or slippery surfaces, weather conditions, equipment use, objects or obstacles, and the actions or mistakes of other participants.

Possible injuries may include soreness, cuts, abrasions, bruises, strains, sprains, joint injuries, fractures, allergic reactions, heat- or cold-related illness, head injuries, aggravation of existing medical conditions, and other injuries.

Some activities may involve a risk of serious injury, permanent disability, or death. The likelihood and nature of these risks depend on the specific activity.

I voluntarily accept the inherent risks associated with the activities in which I or the minor participant choose to participate.

Health & ability to participate

I am responsible for determining whether I or the minor participant is physically and medically able to participate safely.

I agree to provide accurate information about injuries, medical conditions, allergies, medications, physical limitations, or other circumstances that the organizer reasonably needs to know to help manage safe participation.

If a healthcare professional has advised the participant to restrict or avoid the activity, or if there is uncertainty about whether participation is appropriate, I understand that appropriate medical advice or clearance should be obtained before participating.

The participant agrees to stop participating and notify the organizer, instructor, staff member, or activity leader if they experience significant pain, dizziness, fainting, unusual shortness of breath, chest pain, or another concerning symptom.

Rules, instructions & conduct

I agree that the participant will follow reasonable instructions, posted rules, eligibility requirements, safety procedures, and directions provided by organizers, instructors, employees, volunteers, or facility staff.

The participant will not intentionally engage in reckless or unsafe conduct and will use facilities and equipment only as intended.

The organizer may restrict, modify, or stop participation if they reasonably believe that a participant's conduct, physical condition, equipment use, or failure to follow instructions creates an unreasonable safety risk.

Facilities & equipment

Activities may take place at facilities, venues, fields, studios, gyms, outdoor areas, private property, public spaces, or other locations and may involve equipment supplied by the organizer, the facility, another provider, or the participant.

I understand that equipment, facilities, surfaces, and environmental conditions may create additional risks. The participant agrees to report equipment believed to be damaged and obvious unsafe conditions when reasonably possible.

If protective or safety equipment is required, the participant agrees to use it appropriately and according to instructions.

Emergency medical care

If an injury or medical emergency occurs and I am unable to provide timely instructions, I authorize the organizer and its authorized representatives to provide reasonable first aid and contact emergency medical services when they believe it is appropriate.

I understand that organizers, instructors, employees, or volunteers may not be medical professionals and that no particular medical outcome is guaranteed.

Responsibility for medical, ambulance, hospital, or other healthcare expenses remains with the participant or responsible party to the extent permitted by law.

Personal property

The participant is responsible for taking reasonable care of personal belongings and personal equipment brought to the activity. The organizer does not guarantee protection against loss, theft, or damage to personal property.

Release of liability

In consideration for being permitted to participate, I voluntarily assume the inherent risks associated with the activity, program, event, facilities, and equipment.

To the fullest extent permitted by applicable law, I release and waive claims against the activity organizer, business, organization, facility, property owner, employees, instructors, contractors, volunteers, representatives, and affiliated parties arising from injury, illness, death, loss, or property damage connected with participation, including claims arising from ordinary negligence where such claims may legally be waived.

This agreement does not release liability or waive any rights or claims that cannot legally be released or waived under applicable law.

Participants under the age of majority

If the participant is under the legal age of majority, this agreement must be completed and signed by a parent or legal guardian.

By signing, the parent or legal guardian confirms that they have authority to consent to the minor's participation, acknowledge the risks described above, and agree to these terms on their own behalf and on behalf of the minor to the extent permitted by applicable law.

Participant information

Participant full name *

Participant date of birth *

Activity, program, class, or event name *

Who is completing and signing this waiver? *

- ☐ Participant — I am of legal age
- ☐ Parent or legal guardian of a minor participant

Participant or parent/guardian contact details *

First name *

Last name *

Phone *

Email *

Parent or legal guardian name, if applicable

Relationship to minor participant, if applicable

Participation

Describe the activities the participant expects to take part in, if not already clear from the program or event name.

Participant experience with this type of activity

- ☐ First time
- ☐ Beginner
- ☐ Some previous experience
- ☐ Experienced participant
- ☐ Not applicable

Health & safety information

List any injuries, medical conditions, allergies, medications, physical limitations, accessibility needs, or other information that may affect safe participation.

Has a healthcare professional advised the participant to restrict or avoid this type of activity? *

- ☐ No
- ☐ Yes
- ☐ Unsure

If yes or unsure, provide any relevant restrictions, recommendations, or additional information.

Is there anything else the organizer should know to help the participant take part safely?

Emergency contact

Emergency contact name *

Emergency contact phone number *

Emergency contact relationship to participant ***Acknowledgment & signature**

☐ I have read and understand the nature of the activity and the risks described in this waiver. *

☐ I voluntarily choose to participate, or permit the minor participant to participate, and accept the inherent risks associated with the activity. *

☐ I confirm that I have disclosed relevant injuries, medical conditions, allergies, physical limitations, and other information that may reasonably affect safe participation. *

☐ I agree that the participant will follow reasonable safety rules, instructions, equipment requirements, and directions from organizers, instructors, staff, or activity leaders. *

☐ I authorize reasonable first aid and emergency medical assistance if needed and understand that I am responsible for resulting medical expenses to the extent permitted by law. *

☐ I agree to the release of liability described above to the fullest extent permitted by applicable law. *

☐ If I am signing for a minor, I confirm that I am the participant's parent or legal guardian, have authority to provide consent, and consent to the minor's participation. If I am signing for myself, this statement does not apply. *

☐ I confirm that I have read this waiver, understand its terms, had the opportunity to ask questions, and am signing voluntarily. *

Participant (legal age) or parent/legal guardian signature *