



General Liability Release Form

Event or Activity: _____

Dates of Even or Activity: _____

Participant Name: _____

By signing below, I agree to release the organization named above from all liability, costs, and damages which could arise from participation in the above named event or activity. I agree to accept financial responsibility of the cost related to any emergency treatment and give my confirmation of the same by signing this document.

I knowingly and freely assume all responsibility for any risk of lost or stolen property damage or personal injury that may be sustained by me or others, or any loss or damage to property owned by me, as a result of my action.

If a minor leaves the premises without approval of the above organization, I understand that the proper authorities will be contacted and informed of any event that may occur . I release the named above organization of any responsibility and or legal ramifications of the minor.

Signature of Participant: _____ Date: _____

Name of Parent or Guardian (if under the age of 18) _____

Signature of Parent or Guardian: _____ Date: _____