

General Liability Release Form

Event Organizing Company

Date: _____ (dd/mm/yy)

To: _____ (name of the organization or event manager's company)

Event or Activity: _____ (description of the event or activity)

Participant: _____ (name of the participant)

I completely understand and realize that participation in the above-mentioned event or activity could include actions or tasks which might be dangerous or hazardous to me.

By signing below, I agree to the fact that participation can cause any harm or injury to me. I release the organization or business 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 for the costs related to this emergency treatment and give my confirmation of the same by signing this document.

Signature of Participant: _____ **Date:** _____

Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ **Date:** _____