

# MEDICAL LIABILITY WAIVER AND RELEASE AGREEMENT

Participant's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Emergency Contact Information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Acknowledgment and Assumption of Risk:

I, the undersigned participant, acknowledge that I have voluntarily elected to participate in activities which may include physical exertion, use of equipment, and other inherent risks of injury. I fully understand that these activities involve risks of bodily injury, including serious injury or death, and I hereby voluntarily assume all such risks associated with my participation.

## Waiver and Release of Liability:

In consideration of being permitted to participate in these activities, I hereby release, waive, discharge, and covenant not to sue the organizers, instructors, sponsors, affiliates, agents, employees, and volunteers (collectively, the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or to any property belonging to me, whether caused by the negligence of the Released Parties or otherwise, while participating in such activities or while on the premises where the activities are conducted.

## Medical Condition and Emergency Treatment:

I certify that I am physically fit and have no medical condition which would prevent my participation in these activities. In the event of an emergency, I authorize the Released Parties to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

## Indemnification:

I agree to indemnify and hold harmless the Released Parties from any loss, liability, damage, or cost, including attorney's fees, they may incur due to my participation in said activities, whether caused by negligence of the Released Parties or otherwise.

## Legal Compliance and Severability:

This Agreement shall be governed by and construed under the laws of the United States and the state in which the activities occur, without regard to conflicts of law principles. If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

## Acknowledgment of Understanding:

I have read this Medical Liability Waiver and Release Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

**Miscellaneous:**

This Agreement constitutes the entire agreement between the parties regarding the subject matter herein and supersedes all prior or contemporaneous understandings or agreements, whether written or oral. No amendment or modification shall be valid unless in writing and signed by both parties.

**PARTICIPANT'S SIGNATURE**

**WITNESS SIGNATURE**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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