

Release of Liability and Waiver Agreement

A legally binding document in which the Releasor voluntarily waives the right to pursue claims against the Releasee arising from participation in specified activities or receipt of services.

Important Notice: This Release of Liability grants significant legal protections to the Releasee. Read this document carefully before signing. Some states impose restrictions on liability waivers. Consult with an attorney to ensure this document is enforceable in your jurisdiction.

1. Releasee Information (Party Being Protected)

The Releasee is the party being released from liability. Ensure the exact legal name matches business registration documents.

Release Type*

-- Select Type --



Full Legal Name / Business Name*

Enter the full legal name of the protected party

DBA / Trade Name (if applicable)

Doing business as...

Mailing Address*

Street, City, State, ZIP

Phone Number*

(555) 555-5555

Email Address

contact@example.com

2. Releasor Information (Party Signing the Waiver)

Full Legal Name*

First, Middle, Last

Date of Birth*

dd/mm/yyyy



Phone Number*

(555) 555-5555

Mailing Address*

Street, City, State, ZIP

Email Address

email@example.com

Emergency Contact Name*

Full name of emergency contact

Emergency Contact Phone*

(555) 555-5555

3. Minor Participant Information (If Applicable)

Legal Disclaimer: Parental waivers for minors are unenforceable or limited in several states including Illinois, Michigan, and others. This waiver may not fully protect against claims brought by or on behalf of the minor. Consult legal counsel regarding enforceability in your jurisdiction.

Is this release for a minor under 18?*

-- Select --



Minor's Full Legal Name

First, Middle, Last

Minor's Date of Birth

dd/mm/yyyy



Relationship to Minor

-- Select --



4. Activity or Event Description

Type of Activity*

-- Select Type --



Activity/Event Name*

e.g., Mountain Biking Excursion, Yoga Classes

Location(s) of Activity*

Address or venue name(s)

Activity Date(s)*

-- Select --



Start Date*

dd/mm/yyyy



End Date (if applicable)

dd/mm/yyyy



Detailed Description of Activity*

Describe the specific activities, services, or events covered by this release...



5. Acknowledgment of Risks

By signing this release, the Releasor acknowledges that the below risks are inherent to the activity and accepts full responsibility for any injury, damage, or loss that may result from participation.

Risk Categories Acknowledged:*

- Physical injury or bodily harm
- Property damage or loss
- Illness or exposure to communicable disease
- Equipment failure or malfunction
- Acts of other participants or third parties
- Weather or environmental conditions

Additional Specific Risks

Describe any additional activity-specific risks not listed above...

6. Release and Waiver of Liability

CRITICAL LEGAL LANGUAGE: "In consideration of being permitted to participate in the above-described activity, the Releasor hereby RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE the Releasee, its officers, directors, employees, agents, and representatives from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Releasor while participating in the activity, WHETHER CAUSED BY THE NEGLIGENCE of the Releasee or otherwise."

Disclaimer: This release does NOT cover claims arising from gross negligence, reckless conduct, intentional misconduct, or criminal acts of the Releasee.

Scope of Release:*

- Claims arising from the NEGLIGENCE of the Releasee
- Claims for personal injury or bodily harm
- Claims for property damage or loss
- Claims for emotional distress
- Claims by Releasor's heirs, assigns, or representatives

Releasor Initials (Confirming Understanding)*

Initials

7. Assumption of Risk

Voluntary Participation Confirmation:*

- I am participating in this activity entirely of my own free will
- I have had the opportunity to ask questions about the risks involved
- I understand I can choose not to participate at any time
- I am physically and mentally capable of participating in this activity

Known Medical Conditions or Limitations

Disclose any medical conditions that may affect your participation...

8. Indemnification Agreement

Indemnification Acknowledgment:*

- I agree to indemnify and hold harmless the Releasee from any claims brought by third parties arising from my participation
- I agree to reimburse the Releasee for any legal fees or costs incurred in defending such claims

Releasor Initials (Confirming Understanding)*

Initials

9. Medical Authorization (Optional)

Medical Authorization Consent*

-- Select --



Known Allergies or Medical Information

List any allergies, medications, or medical conditions relevant to emergency care...

Insurance Provider (Optional)

Insurance company name

Policy Number (Optional)

Policy or member ID number

10. Media Release (Optional)

Media Release Consent*

-- Select --



Permitted Media Uses (if granted):

- Photography
- Video/film recording
- Audio recording
- Use on website or social media
- Use in print or advertising materials

11. Governing Law and Dispute Resolution

Legal Notice: Some states (Louisiana, Montana, New York, Maryland) impose restrictions or prohibitions on liability waivers. Consult local counsel to ensure enforceability in your jurisdiction.

Governing State*

Dispute Resolution Method*



Venue (County/City)

12. Severability and Entire Agreement

Acknowledgment of Terms:*

- I have read this entire Release of Liability and fully understand its contents
- I understand that this agreement is legally binding
- I acknowledge that no verbal representations have been made that modify this agreement
- I understand that if any provision is found invalid, the remaining provisions remain in effect

13. Additional Terms or Conditions

Additional Terms

Enter any additional terms, conditions, rules, or requirements specific to this activity...

14. Signature and Execution

Releasor Signature

Releasor Signature*

Date*

Sign here

MM/DD/YYYY

Releasor Printed Name*

Print full legal name

Parent/Guardian Signature (If Minor)

Parent/Guardian Signature

Date

Sign here

MM/DD/YYYY

Parent/Guardian Printed Name

Print full legal name

Witness/Releasee Representative (Optional)

Witness Signature

Date Witnessed

Sign here

MM/DD/YYYY

Print full legal name