



## PHYSICAL ACTIVITY PARTICIPATION LIABILITY WAIVER AND RELEASE FORM

Event Name: \_\_\_\_\_ Event Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

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

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_ [Participant's Name], hereby acknowledge that I voluntarily have applied to participate in an event involving physical activity organized by the Santa Barbara California Chapter of the California Association of Marriage and Family Therapists (SBCAMFT). I understand and acknowledge that physical activity can pose inherent risks that may result in injury, including but not limited to bruises, muscle strains, ligament sprains, fractures, or other serious injuries. I confirm that I am physically fit and sufficiently trained to participate in such activities. In consideration of being allowed to participate in a physical activity event, I hereby agree to the following:

- **Release of Liability:** I release and hold harmless SBCAMFT, its directors, officers, employees, volunteers, agents, and any other people officially connected with this event from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, injury, or death, that may be sustained by me or to any property belonging to me while participating in such activity, or while in, on, or upon the premises where the event is being conducted.
- **Assumption of Risk:** I am fully aware of the risks and hazards connected with the participation in physical activities, including physical injury or even death, and hereby elect to voluntarily participate in said event, knowing that the associated physical activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such activities.
- **Medical Treatment:** I hereby grant permission for any emergency medical care deemed necessary in the event of an accident or illness during my participation in this event. I agree to be financially responsible for any costs incurred as a result of such treatment.
- **Photography/Video Release:** I understand that during the event, I may be photographed or videotaped. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by SBCAMFT.
- **Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_