

Liability Release Form

I completely understand and realize that participation in the _____
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, DFMWR, 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 cost related to the emergency treatment and give my confirmation of the same by signing this document.

Full Name of Participant(s)

Participant(s) Signature(s) and Date
