

# CONSENT FORM

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Contact Information:

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

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

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

## Consent to Participate:

I hereby voluntarily agree to participate in the activities outlined by the organization. I acknowledge that I have been informed of the nature, purpose, and potential risks of the activities.

## Acknowledgment of Risks:

I understand that participation carries inherent risks, including but not limited to physical injury, emotional distress, or other unforeseeable risks. I accept full responsibility for any injury or damage that may occur as a result of my participation.

## Release and Waiver of Liability:

To the fullest extent permitted by law, I hereby release, waive, discharge, and covenant not to sue the organization, its officers, employees, agents, and volunteers 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 my property while participating in the activities.

## Confidentiality and Data Protection:

I acknowledge that any personal information collected during the course of my participation will be kept confidential and handled in accordance with applicable privacy laws. I consent to the use of my information for purposes related to the activity and agree that it will not be disclosed to third parties without my consent except as required by law.

## Medical Treatment Authorization:

In the event of an emergency, I authorize the organization and its representatives to obtain medical treatment on my behalf. I release the organization from any liability arising from such emergency treatment.

## Governing Law and Jurisdiction:

This Consent Form shall be governed by and construed in accordance with the laws of the United States of America and the state in which the organization is based. Any disputes arising under or in connection with this Consent Form shall be subject to the exclusive jurisdiction of the courts located within that state.

## Severability:

If any provision of this Consent Form is held to be invalid or unenforceable, such provision shall be severed from the Consent Form and the remaining provisions shall remain in full force and effect.

**Acknowledgment of Understanding:**

I acknowledge that I have read this Consent Form, understand its terms, and sign it voluntarily and without any inducement. I certify that I am of legal age and mentally competent to enter into this agreement.

**PARTICIPANT'S SIGNATURE**

**WITNESS'S SIGNATURE**

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

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

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