

# WWSC Liability Waiver Agreement

**Name \***

First      Last

**Address \***

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

United States



Country

**Email \***

**Phone Number \***

 -  - 

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 /  / 

MM      DD      YYYY

## Liability Waiver Agreement

### Liability Waiver Agreement

I hereby acknowledge that I am voluntarily participating in activities provided by WWSC (Wasatch Women's Social Club). In consideration for my participation, I hereby assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of my participation.

I understand and accept that engaging in [activity/service] involves inherent risks and hazards.

I acknowledge that WWSC and its representatives are not responsible for any injuries, damages, or losses incurred during or as a result of participating in the activities.

I agree not to hold WWSC or any member liable for any actions or negligence, whether intentional or unintentional by any party involved.

By signing or submitting this form I acknowledge that I have read and understand its contents and voluntarily agree to these terms. \* \*

I agree to these terms.

**Signature**