

General Visitor Liability Waiver Form

Please read carefully. This document affects your legal rights.

This General Visitor Liability Waiver (the "Waiver") is executed by the undersigned visitor in favor of the host facility, its owners, employees, officers, and agents.

1. Visitor Information

Full Name:	<input type="text"/>
Date of Birth (MM/DD/YYYY):	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Street Address:	<input type="text"/>
City, State, Zip:	<input type="text"/>

2. Emergency Contact Information

Contact Name:	<input type="text"/>
Relationship:	<input type="text"/>
Contact Phone:	<input type="text"/>

3. Waiver and Release of Liability

By signing below, I acknowledge and agree to the following terms:

- **Assumption of Risk:** I understand that visiting the premises may involve certain inherent risks of physical injury, illness, property damage, or loss. I knowingly and freely assume all such risks, both known and unknown.
- **Release and Hold Harmless:** I hereby release, waive, and forever discharge the host facility, its directors, officers, employees, and volunteers from any and all liability, claims, demands, or causes of action arising out of any loss, damage, or injury that may be sustained by me while on the premises.
- **Medical Treatment:** I consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during my visit.
- **Compliance:** I agree to comply with all safety rules, posted signs, and instructions provided by the facility staff during my visit.

4. Acknowledgment and Signature

I have read this General Visitor Liability Waiver, fully understand its terms, and understand that I am giving up substantial rights by signing it.

For visitors under 18 years of age, a parent or legal guardian must sign this form.

Signature (or Parent/Guardian Signature):	<input type="text"/>
Print Name (if Parent/Guardian):	<input type="text"/>
Date Signed (MM/DD/YYYY):	<input type="text"/>