

Liability Release Form

To: GA Region of Narcotics Anonymous and _____ Area/Homegroup

Event or Activity: _____

Participant Name: _____

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Sign here if Participant is an Adult

Signature of Participant: Date:

Sign here if Participant is a Child

Name of Parent or Guardian: _____

Signature of Parent or Guardian: Date: