



General Liability Release Form
Greater New York Regional Service Office

Date: _____

Date of Event: _____

Area/Group: _____

Contact: _____

Event or Activity: _____

of Participants: _____

I completely understand and realize that participation in the above-mentioned event or activity could include actions or tasks that might be hazardous to me or others.

By signing below, I agree that participation may cause harm or injury to me or others. I release the organization (RSO) or business named above from all liability, costs, and damages that could arise from participating in the above-named event or activity.

I agree to accept monetary responsibility for all costs related to any treatment. I have waived my consent by signing this document.

I agree that the RSO will not have any responsibility for any injury that may occur.

Signature of participant: _____

Date: _____

Name of parent or guardian if under 18: _____

Date: _____

October 15, 2025

RSO BOD