

Participant Waiver, Consent & Media Release Form

Determined Disruptors

Empowering Women Living with Breast Cancer

Participant Information

- Full Name: _____
- Date of Birth: _____
- Phone Number: _____
- Email Address: _____
- Event/Program Name: _____
- Date of Event: _____

1. Voluntary Participation

I understand that participation in programs and activities offered by Determined Disruptors is entirely voluntary and may involve physical, emotional, and/or recreational engagement.

2. Assumption of Risk and Waiver of Liability

I understand and acknowledge that there may be risks involved in participating in activities, including (but not limited to) physical injury or emotional distress. I agree to assume full responsibility for any risks or injuries and hereby release and hold harmless Determined Disruptors, its staff, volunteers, and affiliates from any and all claims or liability arising from participation.

3. Medical Authorization

In the event of a medical emergency, I authorize Determined Disruptors to seek appropriate medical attention on my behalf. I accept financial responsibility for any resulting costs.

4. Photo/Video Consent

Please check one:

I consent to the use of photos and videos taken of me during events for promotional, fundraising, and social media purposes.

I do NOT consent to the use of photos or videos of me.

5. Confidentiality & Data Use

I understand that my personal and health-related information will be used only for program participation, safety, and communication and will be kept confidential in accordance with Determined Disruptors Privacy Policy.

6. Participation by Minors (Under 18)

If the participant is under 18 years old, this section must be completed by a parent or legal guardian:

Minor's Name: _____

Age: _____

I certify that I am the parent or legal guardian of the minor named above. I have read and understood this waiver and agree to all its terms on behalf of myself and the minor. I assume full responsibility for their participation.

7. Signatures

Participant Signature: _____

Date: _____

Participant is under 18

Parent/Guardian Name (if applicable): _____

Signature of Parent/Guardian: _____

Date: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____