



EMRA MedWAR

Waiver and Consent Form

Consent, Assumption of Risk and Release Form

I, _____, am a participant in the EMRA MedWAR event (Activity) on September 10, 2025. I am acquainted with the various risks of participating in this ACTIVITY including, without limitation, the risk of personal injury or death to myself and others, and the significant risk of personal property damage or destruction, and hereby assume for myself individual all risks and consequences associated with or arising in connection with such participation.

I hereby release, waive and discharge the Emergency Medicine Residents' Association, (EMRA) and the American College of Emergency Physicians (ACEP), its officers, directors, agents, representatives and employees from all claims, demands, liabilities, rights and causes of action of whatever kind or nature that may occur during my participation in this ACTIVITY including but not limited to the loss of life, personal injury and/or damage to property whether caused by the negligence of EMRA and/or ACEP, its officers, directors, agents, representatives, employees, or otherwise. I also agree to indemnify and hold harmless ACEP for any loss, liability, damage, third party claims, lawsuits, and costs, including court costs and reasonable attorneys' fees that may occur as a result of my negligent or intentional act or omission while participating in this ACTIVITY.

I HAVE READ THIS CONSENT, ASSUMPTION OF RISK AND RELEASE FORM AND UNDERSTAND AND FULLY AGREE TO ITS CONTENTS.

Signature of Participant

Print Name

Date