

# Minor Participation Waiver

Date: \_\_\_\_\_

## Minor's Information

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

## Event/Activity Information

Event/Activity Name \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Location \_\_\_\_\_

## Waiver and Release

I, the undersigned parent/legal guardian, hereby give permission for the above-named minor to participate in the event/activity described above. I acknowledge and fully understand that participation by the minor may involve inherent risks and I hereby release, discharge, and hold harmless the organizers and their representatives from any and all claims, liabilities, or causes of action arising from or related to such participation.

I verify that my child is in good health and able to participate in this activity. In the event of an emergency, I authorize medical care to be provided as deemed necessary.

Parent/Guardian Name (Printed) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Name (Optional) \_\_\_\_\_

Witness Signature (Optional) \_\_\_\_\_

