

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)

