

Minor Participant Event Waiver Form

Minor Participant Information

Full Name of Minor:

Date of Birth:

Address:

Parent/Guardian Information

Parent/Guardian Name:

Contact Number:

Email:

Event Details

Event Name:

Event Date:

Event Location:

Waiver & Release

By signing below, I acknowledge that I am the parent or legal guardian of the above-named minor. I consent to their participation in the designated event. I understand and accept the risks associated with participation and, on behalf of myself and the minor, release the event organizers from any liability for injury or damages. I have read and understood this waiver and agree to its terms in full.

Parent/Guardian Signature:

Sign here

Date: