

Sports Activity Waiver Form

Please complete all sections before participation in any sports activity.

Participant Information

Full Name

Date of Birth

Email

Phone

Address

Emergency Contact

Contact Name

Phone

Relationship

Waiver and Release of Liability

I acknowledge that participation in sports activities involves inherent risks, including potential injury. I voluntarily assume all risks associated with my participation. I hereby release and hold harmless the organizers, sponsors, and facility owners from any liability arising from my participation.



I have read, understood, and agree to the release of liability above.

Medical Conditions / Allergies

If any, please specify. If none, write 'None'.

Signature

Participant Signature

Date

Parent/Guardian Signature (if under 18)
