

Sports Club Participant Waiver

Participant Information

Full Name

Date of Birth

 MM/DD/YYYY

Address

Phone

Email

Waiver and Release of Liability

I, the undersigned, acknowledge and agree that my participation in sports activities, classes, training, or events organized by the Sports Club involves risks of injury. I hereby release and discharge the Sports Club, its officers, directors, employees, agents, and volunteers from any and all liability for injuries, illnesses, or damages, which may result from or arise out of my participation.

I confirm that I am in good physical condition, and able to participate in these activities. I agree to follow all rules, instructions, and safety guidelines provided by the Sports Club.

I have read and understand this waiver and release, and I voluntarily sign it. I understand that by signing, I am waiving certain legal rights.

Emergency Contact

Contact Name

Contact Phone

Relationship

Participant Signature

Date

If participant is under 18, parent/guardian must also sign:

Parent/Guardian Signature

Date