

Basic Sports Activity Liability Waiver Form

Participant's Full Name

Date of Birth

Activity

Liability Release

I, the undersigned, acknowledge and fully understand that participating in the above sports activity may involve risks of injury. I assume all risks and hazards incidental to the participation in this activity. I hereby waive, release, and discharge the organizers, facility, and all associated persons from any liability for injury, loss, or damage incurred as a result of my participation.

Medical Authorization

In the event of an emergency, I authorize medical treatment as deemed necessary by appropriate medical personnel. I confirm all health information provided is accurate and complete to the best of my knowledge.

Participant's Signature

Date

Parent/Guardian Signature (if participant under 18 years)

Date