

Group Sports Activity Assumption of Risk Form

Participant Information

Name

Full Name

Age

Contact Number

Contact Number

Email Address

Email Address

Activity Details

Sport/Activity Name

e.g., Soccer, Basketball

Date of Activity

Activity Location

Venue / Address

Assumption of Risk

I, the undersigned, understand and acknowledge that participating in group sports activities carries inherent risks of injury or harm. I voluntarily assume all risks associated with my participation, including but not limited to falls, collisions, contact with other participants, or adverse weather conditions. I certify that I am physically fit and able to participate in the activity. I agree to abide by all rules and safety instructions.

Emergency Contact Name

Emergency Contact Name

Emergency Contact Phone

Emergency Contact Phone

Medical Conditions/Allergies (if any)

List any conditions or allergies

Signature

Participant's Signature

Date

Parent/Guardian Signature (if under 18)

Date