

Sports Participation Release Form

Participant Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Release of Liability

(Insert liability waiver text here. This section includes acknowledgment of risks and agreement not to hold organizers responsible for injuries.)

Medical Consent

(Insert medical consent and emergency treatment authorization text here.)

Emergency Contact Information

Contact Name: _____

Relationship: _____

Phone: _____

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____