

Sports Activity Waiver Form

Participant Information

Full Name

Date of Birth

YYYY-MM-DD

Phone Number

Address

Emergency Contact Name & Phone

Waiver & Release

Please read and acknowledge:

I willingly participate in the specified sports activity. I acknowledge the risks involved and hereby waive all claims against the organizers and facility for any injury, loss, or illness arising from participation.

Participant Signature

Date

YYYY-MM-DD

If under 18, Parent/Guardian's Name & Signature

Parent/Guardian Name

Date

YYYY-MM-DD