

# Team Sports Event Waiver

I, the undersigned, acknowledge and fully understand that my participation in this sports event exposes me to the risk of injury, including but not limited to physical injury, permanent disability, and/or death. I voluntarily assume all such risks and responsibility for any damages, liabilities, losses, or expenses arising from such participation.

I release, waive, discharge, and covenant not to sue the event organizers, sponsors, affiliates, and other participants from any and all liability claims resulting from injuries or damages arising out of my participation in this event. I certify that I am physically fit and have no medical condition that would prevent me from participating.

I have read and understood this waiver and sign it voluntarily.

Participant Name

---

Date of Birth

---

Team Name (if applicable)

---

Emergency Contact Name

---

Emergency Contact Phone

---

Relationship

---

Participant Signature

---

Date

---

If under 18, Parent/Guardian Signature

---

Date

---

## For Organizer Use Only

Reviewed By

---

Date Received

---