

Athlete Participation Consent and Waiver

Participant Information

Athlete Name

Date of Birth

Parent/Guardian Name (if under 18)

Contact Number

Emergency Contact Name

Emergency Contact Phone

Consent and Waiver

By signing below, I acknowledge and agree to the following:

- I consent to participate (or for my child/ward to participate) in the above-mentioned athletic event/program.
- I acknowledge that participation involves physical activity and carries a risk of injury.
- I release, discharge, and hold harmless the organizers, staff, volunteers, and sponsors from any and all liability, claims, demands, and causes of action related to any injury, illness, or accident that may occur during participation.
- I confirm that I (or my child/ward) am physically able to participate and have notified the organizers of any medical conditions relevant to participation.
- I consent to the use of my (or my child/ward's) image or likeness in event-related materials or media coverage.

I have read, understood, and voluntarily agree to the terms stated in this waiver.

Athlete Signature

Date

Parent/Guardian Signature (if under 18)

Date

