

# Athletic Event Liability Waiver Form

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

## Waiver & Release of Liability

I, the undersigned, acknowledge and fully understand that participation in the athletic event involves risks of serious injury, including permanent disability and death, and severe social and economic losses which may result not only from my actions, but also from the actions, inactions, or negligence of others, or the condition of the premises or any equipment used.

- I voluntarily assume all risks associated with my participation.
- I agree to comply with the stated and customary terms and conditions.
- I release and hold harmless the event organizers, sponsors, and affiliates from any and all liability arising from my participation in this event.

I certify that I am physically fit and have sufficiently prepared for participation in the event. I have read and understood this waiver and release of liability, and I sign it voluntarily.

Participant Signature

Date

### If participant is under 18 years of age:

This is to certify that I, as parent/guardian, have legal responsibility for the above named minor participant and agree to the terms of this waiver and release of liability.

Parent/Guardian Signature

Date