

Athletics Participant Health and Safety Waiver

Full Name of Participant

Date of Birth

Address

Emergency Contact Name & Phone

Health Disclosure

I certify that I am physically fit and do not have any medical conditions that would prevent me from safely participating in athletic activities. I agree to disclose any relevant health information to event organizers and seek medical advice before participation if necessary.

Assumption of Risk

I understand and acknowledge that participation in athletics involves inherent risks, including but not limited to, the risk of injury, illness, disability, or death. I voluntarily assume full responsibility for any risks or loss, property damage, or personal injury sustained during participation.

Release of Liability

I release and hold harmless the organization, staff, coaches, volunteers, and related parties from any and all liability, claims, or demands arising out of or related to any loss, damage, or injury that may occur as a result of my participation.

Medical Authorization

In the event of an emergency, I authorize the organizers to secure treatment or medical care deemed necessary for my health and safety.

Acknowledgment and Signature

By signing below, I acknowledge that I have read and understood this Health and Safety Waiver. I fully accept and agree to abide by its contents.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date
