

Multi-Sport Injury Exemption Waiver Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Parent/Guardian Information (if participant is under 18)

Parent/Guardian Name

Phone Number

Email

Injury/Medical Condition to be Exempted

Please describe the injury, medical condition, or limitation that requires exemption from certain sports or activities:

List any specific sports/activities to be restricted or exempted:

Duration of Exemption (start/end dates, if restricted):

Waiver & Acknowledgment

I understand and acknowledge the inherent risks associated with participation in multi-sport activities. I certify that the information provided above is accurate and request exemption from the listed activities due to injury/medical condition. I release the organization, its staff, and volunteers from any liability for injuries

sustained due to non-compliance with stated restrictions.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date
