

# Physical Activity Injury Waiver Authorization

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## Waiver and Release of Liability

I acknowledge that participation in physical activities involves risk of injury, including minor injuries and, in rare cases, more serious injury or death. I voluntarily assume all risks associated with my participation.

I hereby release and discharge the organizers, instructors, facility, and any affiliated parties from any and all liability, claims, or causes of action resulting from injury, loss, or damages sustained by me in connection with my participation in any physical activity offered.

I certify that I am physically fit and able to safely participate or, if applicable, have consulted with a physician regarding my participation.

I have read and fully understand this waiver and release of liability, and I agree to its terms.

Participant Signature: \_\_\_\_\_

Date:

\_\_\_\_\_

If under 18, Parent/Guardian  
Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date:

\_\_\_\_\_