

Sports Activity Injury Liability Form

Participant Name

Date of Birth

MM/DD/YYYY

Address

Emergency Contact & Phone Number

Sport/Activity

Acknowledgment of Risk

I acknowledge that participation in sports and physical activities involves a risk of injury, including serious injury or death. I understand these risks and voluntarily choose to participate.

Release of Liability

In consideration for being allowed to participate, I hereby release and hold harmless the organizers, sponsors, and facility owners from liability for any injury, loss, or damage resulting from participation in the activity, whether arising from negligence or otherwise, to the fullest extent permitted by law.

Medical Authorization

If I require medical treatment or emergency care as a result of participation, I authorize the organizers/facility staff to seek necessary medical attention. I accept responsibility for any resulting expenses.

Signature

Participant Signature

Date

If participant is under 18 years old:

Parent/Guardian Signature

Date