

Sports Event Injury Release Document

Event: _____

Date: _____

Location: _____

Participant Information

Full Name: _____

Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Release and Waiver of Liability

I, the undersigned participant, acknowledge and fully understand that participation in the above-mentioned sports event involves risks of serious injury, including permanent disability or death, and severe social and economic losses. These risks may result from my own actions, the actions or inactions of others, or the condition of the premises or any equipment used.

I voluntarily assume all such risks and accept personal responsibility for any damages following such injury, permanent disability, or death. I hereby release, waive, discharge and covenant not to sue the organizers, sponsors, officers, volunteers, and employees of the event from any and all liability for injuries, damages or losses sustained as a result of participation in this event.

I further state that I am in proper physical condition to participate in this event and have no known medical reason or restriction that would prevent me from safely participating.

Medical Authorization

In the event of injury or illness, I authorize the organizers of this event to obtain medical treatment as deemed necessary for my welfare, and I agree to be financially responsible for any costs incurred as a result of such treatment.

Signature

Participant's Signature:

Date:

Parent/Guardian Signature (if under 18):

Date:
