

Team Sports Injury Release and Indemnity

This Injury Release and Indemnity Agreement ("Agreement") is completed to acknowledge and accept the risks inherent to participation in team sports activities.

Participant Information

Name:

Team Name:

Date of Birth:

Address:

Phone:

Email:

Release of Liability

I, the undersigned, hereby acknowledge that participating in team sports involves inherent risks, including but not limited to the risk of injury, illness, or accident. I agree to release, indemnify, and hold harmless the team, its coaches, organizers, volunteers, and any associated entities from and against any and all claims, demands, losses, damages, or expenses arising from or related to participation in the activities.

Medical Authorization

In case of emergency, I authorize the team staff or medical personnel to provide treatment or obtain medical care on my behalf if necessary. I affirm I am physically fit to participate in team sports activities.

Agreement and Signature

By signing below, I acknowledge that I have read, understood, and agree to the terms of this Injury Release and Indemnity Agreement.

Date:

Signature:

Printed Name:

Parent/Guardian Consent (If Participant is under 18)

I, the undersigned parent or legal guardian, have read and understood this Agreement and consent to the

above participant's involvement.

Date:

Signature:

Printed Name: