

Recreational Sports Health Waiver Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Relationship

Medical Information

Please list any allergies, medications, or medical conditions:

Waiver & Release

I acknowledge that participation in recreational sports involves physical activity and inherent risks. I certify that I am in good health and able to participate in such activities. I agree to assume all risk, and hereby release and hold harmless the organizers and facility from liability for any injury or loss sustained during participation.

I have read and agree to the terms above.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date