

Sports Activity Health Waiver Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Name

Phone

Relationship

Health Information

List any medical conditions, allergies, or medications

Physician Name (optional)

Physician Phone (optional)

Waiver and Release

I, the undersigned, acknowledge that my participation in sports activities involves inherent risks. I certify that I am physically fit to participate. I hereby voluntarily assume all risks associated with participation and agree to release and hold harmless the organizers, sponsors, and affiliated parties from any liability, claims, or demands that may arise from my involvement.



I have read and understand the above waiver and release.

Participant Signature

Date

Parent / Guardian Signature (if under 18)

Date
