

# Sports Injury Liability Waiver Form

## Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

## Emergency Contact

Name

Phone Number

## Waiver & Release of Liability

I, the undersigned, acknowledge and fully understand that participation in sports involves inherent risks, including the risk of serious injury. I hereby waive, release, and discharge the organizers, sponsors, and all personnel from any and all claims or liabilities arising out of my participation. I confirm that I am physically fit and able to participate. I have read and understood this waiver and sign it voluntarily.

Participant Signature

Date

Parent/Guardian Signature  
(if under 18)

Date