

Standard Medical Waiver Template for Athletic Events

I, the undersigned participant, understand and acknowledge that by participating in this athletic event, I am engaging in activities that may involve certain risks, including but not limited to physical injury or illness. I freely and voluntarily assume all such risks and agree to release and hold harmless the event organizers, sponsors, officials, and any affiliated entities from any and all liability for injuries, damages, claims, or losses which may arise as a result of my participation.

I affirm that I am physically fit and have not been advised against participating by a qualified health professional. I authorize medical personnel at the event to administer first aid or medical attention as required in case of injury or illness.

I acknowledge that it is my responsibility to provide accurate and complete medical information to the event organizers. I have disclosed any relevant medical conditions below.

Medical Conditions or Allergies (if any):

I certify that I am eighteen (18) years of age or older. If under eighteen, this waiver must be signed by a parent or legal guardian.

Participant's Name (Print)

Participant's Signature

Date

Parent/Guardian Name (if participant is under 18)

Parent/Guardian Signature

Date
