

Recreational Sports Event Consent Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Emergency Contact

Contact Name

Contact Phone

Medical Information

Please list any medical conditions or allergies

Consent and Waiver

I acknowledge that participation in recreational sports events carries certain risks, including injury. I voluntarily accept those risks and waive any claims against the organizers. In case of an emergency, I authorize necessary medical treatment.

Signature

A rectangular box with a thin black border, intended for a handwritten signature.

Date

A rectangular box with a thin black border, intended for a date.