

Sports Program Liability Release

Participant Information

Full Name:

Date of Birth:

Release of Liability

I, the undersigned participant (or parent/guardian if under 18), acknowledge that participation in the sports program involves inherent risks, including but not limited to physical injury, illness, or property damage. I hereby voluntarily accept all such risks and agree to release and discharge the Sports Program organizers, sponsors, and staff from all liability, claims, demands, or causes of action arising from my participation.

Medical Authorization

In the event of an injury or medical emergency, I authorize the program staff to obtain medical treatment for me and agree to be responsible for any associated costs. I confirm that I am physically able to participate in the activities.

Acknowledgement

I have read and understand this Liability Release and agree to its terms. I understand that by signing below, I am waiving certain legal rights.

Participant Signature:

Date:

Parent/Guardian Signature (if under 18):

Date:
