

Athletic Event Medical Waiver

Event Name:

Date of Event:

Participant Name:

Date of Birth:

Emergency Contact Name:

Emergency Contact Phone:

Medical Information

Allergies/Medications/Medical Conditions:

Primary Physician:

Physician Phone:

Insurance Provider:

Policy Number:

Waiver and Release of Liability

I, the undersigned, acknowledge and understand that participation in athletic events carries certain inherent risks, including but not limited to personal injury, illness, or property damage. I voluntarily assume all such risks and agree to hold harmless and indemnify the event organizers, sponsors, and associated personnel from any liability resulting from my participation.

I certify that I am physically able to participate in this event and that, if applicable, I have consulted with a physician. I authorize medical treatment by qualified personnel in the event of an emergency.

I have read and understand this waiver and release of liability.

Participant Signature:

Date:

Parent/Guardian Signature:

Date:

(Parent/Guardian signature required if participant is under 18)