

# **Sports Participation Medical Waiver Agreement**

I hereby acknowledge that participation in sports activities involves inherent risks of injury and/or illness. I assume full responsibility for any injuries, losses, or damages that may occur as a result of my participation or the participation of my child/ward in the sports activities organized by \_\_\_\_\_ ("the Organization").

I certify that I am (or my child/ward is) physically fit and capable of participating in these activities. I agree to disclose any known medical conditions to the Organization prior to participation.

I hereby waive, release, and discharge the Organization, its officers, employees, volunteers, and representatives from any and all claims or liabilities for injuries or damages arising out of my participation (or my child/ward's participation) in these activities.

## **Emergency Authorization**

In the event of an emergency, I authorize the Organization and its staff to secure any necessary medical treatment for myself or my child/ward. I agree to assume financial responsibility for all medical care provided.

**Participant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

I have read and understood the above waiver and agree to its terms.

---

Participant Signature

---

Date

---

Parent/Guardian Signature (if participant is under 18)

---

Date