

# Adult Sports Liability Waiver Form

Full Name

Address

Phone Number

Email Address

Date of Birth

## Release of Liability

I, the undersigned, acknowledge that participation in sports and recreational activities involves inherent risks, and hereby assume all risks and hazards incidental to such participation. I agree to release, waive, discharge, and hold harmless the organizers, sponsors, facility owners, and all individuals associated with the event from all claims, liabilities, or causes of action arising out of injury, loss, or damage to my person or property.

## Medical Authorization

I certify that I am physically fit to participate in the sports activities. In the event of injury or medical emergency, I hereby authorize qualified medical personnel to provide treatment as deemed necessary.

Relevant Medical Conditions / Allergies

## Emergency Contact

Name

Phone Number

Participant Signature

Date

