

# Group Event Sports Waiver

## Participant Information

Full Name:

Date of Birth:

Phone:

Email:

Emergency Contact:

Relationship:

Phone (Emergency):

## Event Information

Event:

Date:

Location:

Group/Team Name:

## Waiver & Release of Liability

I hereby acknowledge and agree that participation in this group sports event involves inherent risks, including the risk of bodily injury. In consideration for being allowed to participate in the event, I hereby assume all risks, and agree to release and hold harmless the organizers, sponsors, owners, and any of their agents or employees from any and all liability, claims, demands, and causes of action for personal injury, illness, property damage, or loss.

- I certify that I am physically fit and capable of participating in the event.
- I agree to comply with all event rules and safety instructions.
- I authorize emergency medical treatment if necessary.
- I understand this waiver is binding upon me, my heirs, and legal representatives.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_