

Tournament Sports Release of Liability Form

Participant Name:

Date of Birth:

Team / Organization (if applicable):

Release of Liability

By signing below, I acknowledge and understand that participation in the tournament sports event involves risks of injury. I hereby release and discharge the organizers, sponsors, venue owners, and their representatives from any and all liability arising from injuries, accidents, or losses incurred during my participation, whether caused by negligence or otherwise. I confirm that I am voluntarily participating and that I am physically fit to compete in this event.

I further agree to abide by all rules and instructions related to the event and consent to medical treatment in the event of injury or illness.

Participant Signature:

Date:

Parent/Guardian Signature (if under 18):

Date: