
Sports Waiver Form PDF

Participant Information:

- Full Name: _____
- Date of Birth: ___ / ___ / _____
- Address: _____
- Phone Number: _____
- Email Address: _____

Emergency Contact Information:

- Full Name: _____
- Relationship: _____
- Phone Number: _____

Activity Details:

- Sport/Activity Participating in: _____
- Date(s) of Participation: ___ / ___ / _____ to ___ / ___ / _____
- Location of Activity: _____

Waiver and Release of Liability:

- I, _____ (participant name), acknowledge the risks involved in sports and activities. I agree to release, indemnify, and hold harmless the organization, its agents, officers, and employees from any liability, claims, and demands of whatsoever kind or nature, either in law or in equity, which arise or may hereafter arise from my participation in the sport/activity.

Assumption of Risk:

- I acknowledge the inherent risks involved in the sport/activity and choose to participate voluntarily. I assume full responsibility for any personal injury to myself and (if applicable) my child, and further release the organization for injury, loss, or damage arising out of my or my child's use of or presence upon the facilities of the organization.

Medical Authorization:

- In the event of an emergency, I authorize the organization to secure emergency medical care or transportation (i.e., EMS) for myself or my child. I agree to assume all costs of emergency medical care and transportation.

Consent:

- I have read and understood this waiver and release form and agree to its terms.

Signature: _____ **Date:** ____ / ____ / _____