
Sports Waiver Form Template

Participant Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information

Full Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone Number: _____

Activity Details

Sport/Activity: _____

Date of Participation: ____ / ____ / ____

Location of Activity: _____

Health Information

Do you have any medical conditions that the organizers should be aware of?

Yes

No

If yes, please specify:

Are you currently taking any medication that the organizers should be aware of?

Yes

No

If yes, please specify:

Waiver and Release of Liability

I, _____ (Participant Name), acknowledge the risks involved in sports activities and hereby release, waive, discharge, and covenant not to sue the organization, its directors, officers, employees, volunteers, and agents from any and all liabilities, claims, demands, or injuries, including death, that may be sustained while participating in this activity.

Signature: _____

Date: ____ / ____ / ____

Parent/Guardian Signature (if under 18): _____

Date: ____ / ____ / ____