### **Youth Sports Waiver Template**

**Participant Information:**

* **Full Name of Youth Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_**
* **School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Information:**

* **Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity Details:**

* **Sport/Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Season or Dates of Participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledgment of Risk and Waiver of Liability:**

* I, the undersigned parent/guardian of the participant, acknowledge the risks associated with the above-named activity. I release, waive, and discharge the organization, its staff, volunteers, and affiliates from any and all liability for harm, injury, damage, claims, demands, actions, costs, and expenses.

**Medical Treatment Authorization:**

* I grant permission for emergency medical treatment in case of injury during the activity. I understand that I will be responsible for any medical or other charges in connection with my child's participation in the activity.

**Consent:**

* By checking this box, I confirm that I have read, understand, and agree to the terms and conditions of this waiver and release.

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_\_\_\_\_