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:

terms and conditions of this waiver and release.	
Parent/Guardian Signature:	
Date: / /	

• By checking this box, I confirm that I have read, understand, and agree to the