

Sporting Event Participant Release of Claims

Event Name: _____

Date: _____

Participant Name: _____

Address: _____

Release of Claims

I, the undersigned participant, hereby acknowledge that participation in the sport event described above is voluntary and may expose me to risks, including but not limited to, physical injury, property damage, and other dangers associated with sporting events.

By signing this release, I agree to assume all risks and hazards inherent in the event, and I hereby waive, release, and discharge the organizers, sponsors, officials, volunteers, and any affiliated parties from any and all claims, liabilities, losses, damages, or expenses arising from my participation, whether caused by negligence or otherwise.

I certify that I am physically fit and capable of participating in this event and have not been advised otherwise by a qualified medical professional.

I grant permission for medical treatment in case of injury or illness during the event.

I have read and agree to the terms stated above.

Participant Signature: _____

Date: _____

Parent/Guardian Consent (if participant is under 18)

I, the parent/legal guardian of the participant, have read and understood the Release of Claims and give permission for my child to participate.

Parent/Guardian Name: _____

Signature: _____

Date: _____