

Sports League Insurance Waiver Form

Participant Information

Full Name

Date of Birth

Address

Email

Phone Number

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Relationship

Waiver and Release

I, the undersigned participant, acknowledge and fully understand the risks involved in sports activities and agree to release and hold harmless the league, its organizers, sponsors, and representatives from any and all claims for injuries, damages, or losses.



I have read, understood, and agree to the terms and conditions of this waiver.

Participant Signature

Date