Nonprofit Sports Activity Release of Liability Form

Participant Information
Full Name
Address
Phone Number
Email Address
Date of Birth
Emergency Contact
Contact Name
Contact Phone Number
Release of Liability
I acknowledge that participation in sports activities arranged by this nonprofit organization involves inherent risks. I understand and assume all risks associated with participation, including but not limited to the risk of injury. I hereby release and hold harmless the nonprofit organization, its volunteers, directors, agents, and sponsors from any and all liability, claims, and demands arising out of or related to participation in these activities.
I have read and agree to the release of liability.
Signature
Participant Signature

Date			
Parent/Guardian Conse	nt (if under 18)		
Parent/Guardian Name			
Daniel (Occasion Octobrilla			
Parent/Guardian Signature			
Date			