

Nonprofit Youth Program Liability Waiver

Participant Information

Participant Name

Date of Birth

Address

Phone

Email

Parent/Guardian Information (if participant is under 18)

Parent/Guardian Name

Phone

Email

Waiver and Release of Liability

I, the undersigned, acknowledge and fully understand that participation in the program involves risk of injury, including serious injury or death. I and my parent/guardian (if under 18) voluntarily accept and assume all risks associated with participation.

In consideration of being allowed to participate, I hereby release and hold harmless [Organization Name], its officers, employees, volunteers, and agents from any and all liability, claims, demands, actions, and causes of action arising out of or related to any injury, loss, or damage that may be sustained as a result of participation in this program.

I certify that I am physically able to participate, and I give permission for emergency medical treatment to be administered if necessary.

Medical Information

Please list any medical conditions, allergies, or medications:

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date