

Youth Sports Nonprofit Consent and Release of Liability Form

Participant Information

Participant Name

Date of Birth

Address

Parent or Guardian Information

Parent/Guardian Name

Phone Number

Email

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Medical Information

Please list any allergies, medical conditions, or medications

Consent and Release

I, the undersigned, hereby give permission for my child to participate in the programs and activities of the youth sports nonprofit. I understand that there are inherent risks associated with athletic activities and agree to release, indemnify, and hold harmless the organization from any claims arising from participation. I certify that my child is in good health and has my consent to participate.



I have read and agree to the terms above.

Parent/Guardian Signature

Date