

Sports Camp Waiver and Release Form

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email

Parent/Guardian Information (if under 18)

Parent/Guardian Name

Parent/Guardian Phone

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Medical Information

Medical Conditions or Allergies

Current Medications

Waiver and Release Terms

I acknowledge participation in the sports camp has inherent risks. I assume all risks of injury or harm and release the camp organizers from any liability.



I have read and agree to the above Waiver and Release.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date