

Voluntary Participation Athlete Consent

Participant Information

Athlete Name:

Date of Birth:

Sport/Activity:

Consent Statement

I understand that participation in the above-named activity is voluntary and may involve inherent risks. By signing this form, I acknowledge that I have read and understood the information provided to me and agree to participate willingly.

Confirmation of Understanding

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I have read and accept all terms and conditions stated above.

Athlete Signature:

Date:

Parent/Guardian Consent (If Athlete is Under 18)

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I give consent for the above-named athlete to participate in this activity.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Emergency Contact Information

Emergency Contact Name:

Relationship:

Phone Number: