

Roller Derby Player Injury Waiver and Release

I acknowledge and understand that participation in roller derby involves physical contact with other participants, as well as potential hazards associated with the sport and related activities. I understand that injuries may occur as a result of my participation. By signing this waiver, I agree to assume all risks of injury, including the risk of permanent disability or death, resulting from my participation.

I hereby release and discharge , its officers, agents, employees, volunteer staff, and representatives from any and all liability, claims, demands, or causes of action, known or unknown, for injuries, damages, or loss resulting from my involvement in roller derby practices, games, or related activities.

I certify that I am physically fit to participate in roller derby and that I have not been advised otherwise by a qualified medical professional. I agree to abide by all rules and regulations and to follow any instructions provided by event officials or staff.

This agreement is binding upon me, my heirs, executors, and assigns.

Participant Information

Full Name

Address

Phone Number

Email

Emergency Contact

Name

Phone Number

Relationship

Participant Signature

Date

For participants under 18 years of age:

This is to certify that I, as parent or guardian with legal responsibility for this participant, do consent and agree to this waiver and release as provided above.

Parent/Guardian Name

Parent/Guardian Signature

Date
