

Community Sports League Concussion Waiver

Participant Information

Participant Name

Date of Birth

Parent/Guardian Name (if under 18)

Email Address

Phone Number

Concussion Information & Agreement

I have been informed of and understand the risk of concussion and serious injury involved in sports participation. I agree to abide by all safety policies and to report symptoms of concussion immediately to a coach, parent, or league official.

☐ I acknowledge that I have read and understand the above information.

Waiver & Release

In consideration for being allowed to participate in Community Sports League activities, I hereby release, waive, and discharge the league, its officers, agents, and volunteers from all liability resulting from injuries, including concussions or head injuries, whether caused by negligence or otherwise.

☐ I agree to the terms of the waiver and release of liability.

Signatures

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date
