

# Participation Waiver for Sports Activities

Date: \_\_\_\_\_

To Whom It May Concern,

I, the undersigned, hereby acknowledge that I am voluntarily participating in the sports activities organized by [Organization Name] on [Date(s)]. I understand that participation may involve inherent risks, including but not limited to injury, illness, or damage to property.

I agree to waive any claims against [Organization Name], its employees, agents, or affiliates, arising out of my participation. I understand that I should consult with a physician prior to participating if I have any concerns regarding my physical condition.

By signing this waiver, I confirm that I am 18 years of age or older, or if under 18, that my parent or guardian has signed on my behalf.

Participant's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]

[Your Title/Position]

[Organization Name]