

# Accident Waiver and Release of Liability Form for Minors

This **Accident Waiver and Release of Liability Form** ("Form") must be completed and signed by the parent or legal guardian of any minor child participating in [Activity/Event Name], organized by [Organization Name].

## Minor Participant Information

Name of Minor: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent/Guardian Information

Name of Parent/Guardian: \_\_\_\_\_  
Relationship to Minor: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

## Activity/Event Details

Name of Activity/Event: \_\_\_\_\_  
Date(s): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Location: \_\_\_\_\_

## Waiver and Release

I, the undersigned parent or legal guardian, acknowledge that participation in the above activity involves inherent risks, including but not limited to personal injury, illness, property damage, or death. I hereby assume all risks on behalf of my child.

I consent to my child's participation and agree to release, waive, discharge, and hold harmless [Organization Name], its officers, agents, employees, and volunteers from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury sustained by my child during participation in the activity.

## Medical Authorization

In the event of an emergency, I authorize [Organization Name] personnel to obtain necessary medical treatment for my child. I understand that I am responsible for any medical expenses incurred.

## Agreement and Signature

By signing below, I certify that I have read and understood this waiver, that I am the parent or legal guardian of the minor named above, and that I voluntarily agree to its terms.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Minor's Signature (if required): \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Contact Information

[Organization Name]  
[Contact Person]  
[Phone Number]  
[Email Address]