

Medical Waiver Form for Sports Participation

A **medical waiver form** for sports participation ensures that athletes acknowledge and accept potential health risks before engaging in physical activities. This document helps protect organizations from liability by confirming that participants have been informed about medical conditions and assume responsibility for their involvement. Using a well-structured sample form promotes safety and compliance in sports programs.

Sample Medical Waiver Form

Participant Information

Full Name:

Date of Birth:

Sport/Activity:

Emergency Contact

Name:

Phone Number:

Medical Information

Please list any relevant medical conditions, allergies, or medications:

Acknowledgment & Waiver

☐ I, the undersigned, hereby acknowledge that participation in sports activities involves inherent risks of injury or illness. I certify that I have disclosed any relevant medical information, and I assume all responsibility for any risk of injury or health complications resulting from my participation. I waive all claims against the organization, its staff, and representatives.

Participant Signature:

Date:

*If under 18 years of age, a parent or guardian must sign below.

Parent/Guardian Signature:

Date:

Submit