



# LIABILITY RELEASE FORM

**SportsWorks**

Release Form for Minor Participant

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

Parent's/Legal Guardian's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

### PLEASE READ CAREFULLY

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, or any other significant medical condition?

(CIRCLE ONE)    YES    NO

If yes, please state condition:

Would you like to have a doctor contacted in case of emergency? (CIRCLE ONE)    YES    NO

Doctor's Name/Phone:

### EMERGENCY AUTHORIZATION

I, the undersigned parent or legal guardian of \_\_\_\_\_, a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers as my Agents to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the above emergency contact.

\_\_\_\_\_  
Signature of Parent/Legal Guardian of minor under age 18

\_\_\_\_\_  
Date

### WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the parent or legal guardian of \_\_\_\_\_, acknowledge that participation in athletic events involves risk of physical injury. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless SportsWorks, it's employees, volunteers and other representatives from any claims arising out of, or relating to any physical injury that may result to \_\_\_\_\_ while participating in a SportsWorks sponsored event, including any physical injury by the negligence of any official, referee, or coach while performing his/her duties during any practices or games.

\_\_\_\_\_  
Signature of Parent/Legal Guardian of minor under age 18

\_\_\_\_\_  
Date