3655 E. Patterson Rd., Beavercreek, OH 45430 ● (937) 427-0130 ● www.pattersonpark.org

SPORTS ACTIVITY WAIVER

Name:	Phone:		Email:	
Full Address:				
Emergency Contact:		Relationship:	Phone:	
Alternate Emergency Contact:		Relationship:	Phone:	
Please describe any health related cor	nditions that you have or had	that could affect your pa	rticipation in sports activities, or are yo	ou currently
taking any medications that may impa	ict your fitness?			
PLEASE READ THIS FORM CAREFULLY A			EASING ALL CLAIMS FOR INJURIES OR (RK CHURCH.	CONDITIONS YOU
Agreement of Release and Waiver of				
The undersigned, in consideration for			ollowing: strenuous and may cause physical inju	ury and the
undersigned is fully aware of the risks		ar exerción, which may be	strendous and may cause physical inju	iry and the
-		nsult with a physician prio	r to and regarding participation in spoi	rts activities. The
undersigned represents and warrants	that the undersigned is physi	ically fit and has no medic	al condition that would prevent the ur	ndersigned's full
participation in the sports activities.				
- ·			ees to assume full responsibility for an	ıy risks, injuries o
damages, known or unknown, which t				arassly waives
			ersigned knowingly, voluntarily and exp that the undersigned may sustain as a	•
participating in sports activities held a	-			result of
	as read and agrees to the abo		ation with regard to the registration in liability, fully understands its contents	
treatment deemed necessary for immemergency services rendered. It is rec	nediate care and agree that the commended that the undersig urance coverage does not rea	ne undersigned will be res gned should review their I nder Patterson Park Churc	sed hospital, physician and/or medical ponsible for payment of any and all menealth insurance coverage for applicaboth, employees or volunteer members rin sports activities.	edical, hospital o pility to sport
The undersigned acknowledges that h terms thereof.	e/she has read this Waiver a	nd Release of All Claims a	nd Authorization and hereby agrees to	be bound by the
Participant Signature	Printed Name	2	Date	

Printed Name

Parent or Guardian if participant is 18 or under

Date