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 con	ditions that you have or had t	that could affect your pa	rticipation in sports activities, or are y	ou currently
taking any medications that may impac	ct your fitness?			
PLEASE READ THIS FORM CAREFULLY A				CONDITIONS YOU
Agreement of Release and Waiver of I	-			
The undersigned, in consideration for partial 1. The undersigned recognizes that spo				ury and the
undersigned is fully aware of the risks		exerción, winem may be	stremadus and may cause physical inje	ary and the
2. The undersigned understands that it	is their responsibility to cons	sult with a physician prio	r to and regarding participation in spo	orts activities. The
undersigned represents and warrants t	hat the undersigned is physic	cally fit and has no medic	al condition that would prevent the u	ndersigned's full
participation in the sports activities.				
3. In consideration of being permitted damages, known or unknown, which the				ny risks, injuries o
4. In further consideration of being per				pressly waives
any claim the undersigned may have a				
participating in sports activities held at	Patterson Park Church, or an	ny employee or voluntee	thereof, jointly or severally.	
The undersigned acknowledges that the acknowledges that the undersigned hat the terms and conditions stated therei	s read and agrees to the abov			
In the event of any emergency, the und treatment deemed necessary for imme emergency services rendered. It is reco activities, as the absence of health insu payment of medical, hospital, emerger	ediate care and agree that the ommended that the undersign urance coverage does not ren	e undersigned will be res ned should review their l der Patterson Park Chur	ponsible for payment of any and all m nealth insurance coverage for applicab ch, employees or volunteer members i	nedical, hospital o
The undersigned acknowledges that he terms thereof.	e/she has read this Waiver an	d Release of All Claims a	nd Authorization and hereby agrees to	o be bound by the
Participant Signature	Printed Name		Date	

Printed Name

Parent or Guardian if participant is 18 or under

Date