



Parent Participant Release Form

Jensen Beach Athletics

1. Personal Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

2. Acknowledgment of Risks

I understand that participating in workouts or sports activities involves inherent risks, including but not limited to physical injury, sprains, or accidents. By signing this form, I acknowledge and accept these risks as part of my voluntary participation.

3. Assumption of Responsibility

I willingly assume full responsibility for any risks, injuries, or damages that may occur as a result of my participation in workouts or sports activities organized by Jensen Beach Athletics.

4. Liability Waiver

I release and discharge Jensen Beach Athletics, its staff, volunteers, and affiliates from any liability related to injuries, accidents, or damages that may occur during my participation. I understand that I am participating at my own risk.

5. Medical Consent

In the event of a medical emergency, I authorize Jensen Beach Athletics staff to seek appropriate medical treatment on my behalf. I agree to provide any necessary medical information and understand that I am responsible for any medical expenses incurred.



Known Medical Conditions/Allergies: _____

Medications Currently Taken: _____

6. Photo/Video Consent (Optional)

I consent to the use of photos or videos taken during workouts or activities for promotional purposes by Jensen Beach Athletics. (Initial here if you consent: ____)

7. Signature

By signing this form, I acknowledge that I have read, understood, and agree to the terms outlined above.

Participant's Signature: _____ Date: _____

Printed Name: _____