



ADULT ATHLETE WAIVER AND CONSENT FORM

Name of Athlete: _____

I hereby consent to participate in the 2026 Georgia Blind Sports Association goalball practice season. I acknowledge and understand that participation in sports involves inherent risks, including but not limited to, physical contact, falls, and collisions, which may result in injury. I affirm that I am physically fit to participate in this activity and have no known medical conditions that would prevent safe participation. I hereby release and discharge Georgia Blind Sports Association, its members and agents, from any and all claims, demands, rights, expenses, actions, and causes of action, of whatever kind, arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation in this activity. I further agree that I hold harmless and waive legal action against Georgia Blind Sports Association, its members or agents, for any claim for damages arising or growing out of my participation in this activity.

Medical Consent

In case of emergency, I authorize Georgia Blind Sports Association to seek medical treatment for me. I understand that all reasonable attempts will be made to contact my designated emergency contact before such action is taken, and I agree to assume all financial responsibility for any medical care provided.

Media Consent

I authorize Georgia Blind Sports Association to record and/or photograph my participation in this activity. I understand that recordings and photographs of me may be used in social media or promotional materials for Georgia Blind Sports Association.

Date: _____

Signature: _____

Print name: _____