

GEORGIA WOMEN'S SOCCER CLASSIC
Release / Liability Form

As an adult player in the Georgia Women's Soccer Classic Tournament, I agree to hold harmless the Henry County Soccer Association, the Henry County Parks and Recreation Department, GASA, and all staff members for accidents, injuries, and other incidents that may result in my participation in the above named event. Further, I agree to assume all primary responsibilities for medical expenses that may arise from injuries sustained.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and do so voluntarily.

	NAME	DOB	GASA #	SIGNATURE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____
13.	_____	_____	_____	_____
14.	_____	_____	_____	_____
15.	_____	_____	_____	_____
16.	_____	_____	_____	_____
17.	_____	_____	_____	_____
18.	_____	_____	_____	_____

I hereby acknowledge that the above information is accurate:

TEAM MANAGER:

DATE:

