



Liability Release



PLAYER: _____
FIRST NAME LAST NAME AGE

PARENT CONSENT WAIVER – As parent or guardian of the registered players listed above, I hereby acknowledge that participation in Central Georgia Soccer Association’s (CGSA’s) soccer program presents a risk of injury. I, personally and on behalf of said child (children), agree to hold harmless and indemnify the association, its board, officers, coaches and members, for and against any and all claims of any nature whatsoever arising from said child's (children's) participation in the soccer program.

MEDICAL RELEASE WAIVER – I certify that said child (children) has been declared by a physician to be physically able to participate in the soccer program without restrictions. As parent or guardian I understand that I may grant permission to a person(s) (to be provided later) to act as my surrogate for my child (children) in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also agree to assume the financial responsibility for any medical treatment for my child.

PHOTOGRAPHY CONSENT - I grant permission for any photographs/videos taken of my child at practice/games/camp/clinic to be made available for use in possible publications or pamphlets of CGSA. I further agree that CGSA shall have full rights of copyright in and to such photographs and videos, as may be taken by or on behalf, and may exploit such copyright fully. I further waive rights and interest in and to such material. In addition, I grant permission for my child’s photograph to be posted on the CGSA website.

GEORGIA SOCCER WAIVER – I hereby give approval for the participation of my child in any and all GA Soccer and affiliated associations or league activities and I assume all risk and hazards incident to such participation, including transportation to and from said activities. I hereby waive, release, absolve, indemnify and agree to hold harmless GA Soccer and affiliated association league and any of the organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claims arising out of injury to my child.

Academy & Select players – I understand that a player who registers with an affiliated league (CGSA) is bound to that league for the entire season year unless a transfer is requested.

Signature _____

Date _____