

GAHANNA FALL OPEN
GAHANNA SOCCER ASSOCIATION

LIABILITY RELEASE FORM

TEAM NAME _____

DIVISION _____ BOYS GIRLS

HEAD COACH _____ PHONE _____

In consideration of the furtherance of your purposes, objectives and aims, and in consideration of you permitting me to participate in your tournament, on behalf of myself, my heirs, executors, administrators and assigns. I hereby waive and release any all rights and claims for damages which I may have against you, Gahanna Soccer Association/Gahanna Fall Open, as well as any other person, sponsors, organization or corporation, their heirs, executors, administrators, and assigns who are providing services or assistance as a result thereof.

PLAYERS MUST HAVE THE RELEASE FORM SIGNED BY A PARENT OR GUARDIAN

PLAYERS	PARENT OR GUARDIAN	DATE
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