



Savannah Soccer Registration Form

Name of Participant: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____

.....

Circle One Division: Men's Men's Over 35 Women's Co-Ed

Registration Fee: \$75 per player includes a team shirt

Requested Team or Teammates _____

Covenant Not to Sue and Medical Treatment Authorization

The undersigned understands that soccer is a rough and fast paced sport with high risk for serious physical injury, including possible death, which is hereby voluntarily assumed. In consideration of the participants acceptance into this league, the undersigned does hereby release and forever discharge all entities/persons affiliated with this organization (including, but not limited to Savannah Soccer and any of its owners, officers, referees, coaches, volunteers, and sponsors) from any and all claims for damages or injuries which may be suffered by the participant now or in the future as a result of the negligence of Savannah Soccer or any agent thereof or the negligence of other participants, or other occurrences at any league or event held by Savannah Soccer. The undersigned hereby agrees to indemnify and to hold the foregoing entities/persons harmless from such claims by or on behalf of the participant arising now or in the future. The undersigned hereby certifies that to the best of his or her knowledge and belief, the participant is in good physical condition and has no disease or injury that will be aggravated or cause harm to the participant or others in the league or event.

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. Savannah Soccer cannot guarantee that I will not become infected with COVID-19. Further, attending a Savannah Soccer event could **increase** my risk of contracting COVID-19. I agree to the release of liability and assume the risk of COVID-19 infection before, during, or after participation in any Savannah Soccer events.

In case of emergency or injury, I hereby authorize Savannah Soccer to seek medical attention for the participant. All related costs will be the responsibility of the participant and/or guardian. The undersigned certifies that he/she has read the foregoing, understands the terms set forth herein, and agrees to be bound by the same:

Signature of Participant _____

Payment (for office staff only)

League Fee _____ Cash _____ Check # _____ Charged _____