Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_/\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Existing Medical Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby voluntarily permit me or my child to participate in the Tyler Shaw Renn Memorial game. I UNDERSTAND AND

FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND

ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND

VERYIFY THIS STATEMENT BY PLACING MY INITIALS HERE. \_\_\_\_\_\_\_\_\_ Initial Here

As consideration for being permitted by CGSA to participate in these activities, I hereby release and hold harmless

Central Georgia Soccer Association, staff, volunteers, designated coaches, and program officials from all liability, and

from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any

person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or

my child’s participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and

assigns of the undersigned. I further agree to indemnify and to hold CGSA (its officers, employees, agents and

volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any

injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a

medical emergency, I hereby give permission to CGSA Staff, Trainers and Volunteers to order treatment for me or my

child, including any necessary medical treatment and x-rays. I also hereby give permission to CGSA Staff and Volunteers

to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to

reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child

or I may incur as a result of such treatment. CGSA also does not provide any medical or other insurance protection or

benefits for those who participate in the Tyler Shaw Renn Memorial game.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE

OF LIABILITY AND A CONTRACT BETWEEN ME AND THE CENTRAL GEORGIA SOCCER ASSOCIATION AND SIGN IT OF MY

OWN FREE WILL.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_/\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Existing Medical Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby voluntarily permit me or my child to participate in the Tyler Shaw Renn Memorial game. I UNDERSTAND AND

FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND

ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND

VERYIFY THIS STATEMENT BY PLACING MY INITIALS HERE. \_\_\_\_\_\_\_\_\_ Initial Here

As consideration for being permitted by CGSA to participate in these activities, I hereby release and hold harmless

Central Georgia Soccer Association, staff, volunteers, designated coaches, and program officials from all liability, and

from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any

person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or

my child’s participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and

assigns of the undersigned. I further agree to indemnify and to hold CGSA (its officers, employees, agents and

volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any

injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a

medical emergency, I hereby give permission to CGSA Staff, Trainers and Volunteers to order treatment for me or my

child, including any necessary medical treatment and x-rays. I also hereby give permission to CGSA Staff and Volunteers

to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to

reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child

or I may incur as a result of such treatment. CGSA also does not provide any medical or other insurance protection or

benefits for those who participate in the Tyler Shaw Renn Memorial game.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE

OF LIABILITY AND A CONTRACT BETWEEN ME AND THE CENTRAL GEORGIA SOCCER ASSOCIATION AND SIGN IT OF MY

OWN FREE WILL.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature

 **Athletic Edge Sports League Medical Waiver**

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_/\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby voluntarily permit me or my child to participate. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERYIFY THIS STATEMENT BY PLACING MY INITIALS HERE. \_\_\_\_\_\_\_\_\_ (Initial Here) As consideration for being permitted to participate in these activities, I hereby release and hold harmless Athletic Edge, staff, volunteers, designated coaches, and program officials from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child’s participation. I further agree that this waiver, release and assumption of risks is to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold Athletic Edge (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to Athletic Edge Staff, Trainers and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to Athletic Edge Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. Athletic Edge also does not provide any medical or other insurance protection or benefits for those who participate in any Athletic Edge sports leagues. Furthermore, do to the nature of community spread, those effected by Covid-19 cannot identify where the contact came from. Athletic Edge is not liable for any illness spread. Athletic Edge is doing our best to follow CDC guidelines to our best ability.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND ATHLETIC EDGE SPORTS AND FITNESS AND SIGN IT OF MY OWN FREE WILL.

Parent or Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_