7v7 Adult Soccer League

Both portions must be completed and returned to the Recreation Department for each player.

Release Form

I am aware that participation in this type of recreation activity **Adult 7 v 7 Soccer League** may result in injury. I agree that the Borough of Chambersburg, its representative(s), and/or all other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury or accident that may occur.

Yo	ur Name	M	F	D.C	D.B			
Ad	ldress							
Ph	one #	Circle Residency: Boro	Guilford	Green	Hamilton	Lurgan	Letterkenny	Other
Em	nail Address							
	Your Signature	D	ate	-		Work P	hone	-
Te	am/Captain Name:							_
		WAIVER ANI	O RELEASE					
permitt authori	'AIVER & RELEASE (the "Waiver" ted to participate in any progran ized, or provided by the Borouges. By signing below, the Particip Participation in Activity may r limited to, MRSA, influenza, a	n, activity, event, or any other h of Chambersburg (the "Bord ant acknowledges, understan esult in Participant's exposure	similar occu ough") or tands, and agree to and/or	urrence (king place ees to be illness a	the "Activity ce on or in a e bound by t nd infection	y") directly ny Borough the follow	y or indirectly ogh property, gr ing: eases, including	organized, ounds, or g, but not
 3. 4. 6. 	illness or death. Participant knowingly and fre with the illnesses and disea contemplated herein. Particip Participant hereby agrees to officials, employees, and their Activity and Participant's par Borough and Releasees from a property, resulting directly or Participant shall comply with Department of Health regard practicable while participating Participant assumes the responsavare of any unusual or signif Minor Participants. Any Participant all the terms and conditional conditions and agreed to the participants.	ses listed above, or from of ant assumes full responsibility release and hold harmless the ir heirs and assigns (the "Releaticipation therein, including any and all damages arising from participation if the guidelines issued by the Oding the prevention of the significant hazard that arises during the Minor Participant (the "Responsibility to the Waiver shall appeterms of this Waiver and has te terms of this Waiver and has	other infect y for partici e Borough, i easees") from negligence. from injuries, in the Activi Centers for pread of information in the gentle that in the gentle that in the gentle that in the gentle that in the gentle that in the gentle that in the gentle that in the gentle that in the gentle that in the gentle that in the gentle that in the gentle that	ious dis pation in its succe om any a Particip, illness, ty. Disease fectious e Activite of the vinor Partity") sign Minor Fito the M	eases, infect of the Activity ssors and as and all liabil ant further disability, d Control and diseases, in y if Participa Activity. dicipant") sha this Waiver Participant. linor Participant.	etions, illr controller cont	agents, officers g from or relate and holds harr or damage to on and the Pen COVID-19, to the s, observes, or parent/guardia inor Participant onsible Party potential risks a	ruses not s, elected ed to the mless the person or nsylvania ne extent becomes in/person t's behalf, has read, ssociated
	with participation in the Accontemplated by this Waiver. and agrees to be bound by the as provided in this Waiver tha Initials of Responsible Party: _	The Responsible Party, for its e Waiver and to release and he t may arise from Minor Partic	elf, its spou old harmles	se/partr ss the Bo	ner, and the prough and I	Minor Pa Releasees	rticipant freely	consents
Date:_			cipant Name					
			. рангияни	-				
		Partio	rinant Signa	ture or				

Name of Parent/Guardian for Minor Participant

Parent/Guardian Signature for Minor Participant