

Visiting Team Informed Consent Form

Team Name:

Club / Organization Name:

I affirm, as a current member of the named soccer club / organization, that I have no medical, physical, or mental health conditions which would hinder or prevent my active participation in the referenced activity, and that I am voluntarily participating as a member of the aforementioned event. I understand that there exist certain injuries associated with participation in the above listed event, which may include but not limited to broken bones, muscle injuries, heat exhaustion and other similar or related injuries, including death. I accept the risk for any and all injuries resulting from my participation, including those injuries that might happen or occur en route to and from my activity, as well as during the entire participation period of such activity. Because of the potential dangers of participating, I recognize the importance of wearing appropriate protective equipment, following the supervisors' instructions, and adhering to all rules set forth by SSA Savannah United, Southern Soccer Academy, Georgia Soccer and Chatham County. In consideration of my participation, I hereby release, hold harmless, and discharge forever SSA Savannah United, Southern Soccer Academy, Georgia Soccer, Chatham County, and the officers, directors, employees, agents, representatives, successors and assignors of each of the foregoing entities from any and all present and future claims, liability, and demands for property damage or costs or expenses arising as a result of, or in connection, with participation in the event. I have carefully read and understand this document and affirm that I am freely signing this agreement relying on my own judgement and knowledge.

Participant Name	Emergency Contact	Contact Phone	Signature & Date