

# **Georgia State Referee Committee Medical Release Form**

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

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

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

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

Registrant's Name (If different from above) \_\_\_\_\_

For minors only: In case I cannot be reached, the following is designated to act in my behalf,

\_\_\_\_\_

## **MEDICAL RELEASE AND PARENT OR GUARDIAN OF A MINOR APPROVAL:**

I understand that the Entry Level (R9) Referee Class includes an on-field exercise that may involve running, signaling with a flag, blowing a whistle, and participating in a passing drill to practice recognizing offside situations.

Recognizing the possibility of physical injury associated with soccer and in consideration for the Georgia State Soccer Association (GSSA) and the State Referee Committee (SRC) and its affiliates accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or indemnify GSSA and SRC, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program, from any claim by or on behalf for the registrant as a result of the registrant's participation in the Program and/or being transported to or from the same, which transportation I hereby authorize.

Signature (Registrant/Parent/Guardian): \_\_\_\_\_

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