

2017 Gaston United Fall Classic

Player Liability Release Form

Team Name:

Age:

The undersigned, as parents and guardians of these minor children, release and discharge the designated officials of the "2017 Gaston United Fall Classic" and Gaston United Soccer Club, from any and all liability, claims, or demands arising from players participating in the "2017 Gaston United Fall Classic" tournament.

This includes all and any claims for personal injuries sustained while present or participating in the "2017 Gaston United Fall Classic" tournament

Player Name	Parent/Guardian Signature	Date
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I hereby verify that the above information is true and correct.

Coach or Team Manager Signature

Date