

Greater Sycamore Soccer Association (GSSA) Liability Release Form



I, the parent/guardian of the Player named below (a minor), acknowledge that I recognize the possibility of physical injury associated with soccer and, in consideration of the Greater Sycamore Soccer Association (GSSA) accepting the Player as a participant in any of its soccer programs, hereby release, discharge, and/or otherwise indemnify GSSA and its affiliated organizations and facilities utilized for any of GSSA's programs, against any claim by or on behalf of the Player arising from or occurring during such participation.

Signed: _____

Parent/guardian of (Player): _____

Date: _____