

RELEASE OF LIABILITY & ASSUMPTION OF RISK

(signed via TGS registration)



I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, COVENANT NOT TO SUE, DISCHARGE, INDEMNIFY, AND HOLD HARMLESS** the Atlanta United Soccer Association, Inc. ("AFU"), and its officers, directors, officials, coaches, agents, employees, other participants, sponsors, advertisers, its member affiliates and, if applicable, owners and lessors of premises used to conduct any sponsored or sanctioned event ("Releasees"), from any and all claims, demands, losses, damages, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law. I hereby willingly choose to participate and assume the risk of doing so.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Player/Participant's Full Name _____

Player/Participant's Signature _____ Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18)

I, hereby, give approval for the participation of my child in any and all AFU activities. This is to further certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver to the participant, including the risks of presence and participation and his/her personal responsibilities. Furthermore, the participant and I understand and accepts these risks and responsibilities. I, for myself, my spouse, and the participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability arising out of or relating to the minor participant's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

Player/Participant's Full Name _____

Parent/Guardian's Full Name _____

Parent/Guardian's Signature _____ Date _____

ATLANTA FIRE UNITED SOCCER ASSOCIATION

P.O. Box 296
Duluth, Georgia 30096

Mirza Mustafic

Executive Director

Mirza.mustafic@atlantaunitedsoccer.com



 atlantaunitedsoccer.com

 [atlantaunitedsoccer](https://www.facebook.com/atlantaunitedsoccer)

 [atlantaunitedsa](https://www.instagram.com/atlantaunitedsa)

 [@atlantaunitedsa](https://twitter.com/atlantaunitedsa)

