



2004-2005 ATLANTA SILVERBACKS®
WAIVER AND RELEASE OF LIABILITY

NAME: _____ AGE: _____ DOB: _____

CURRENT TEAM: _____ POSITION: _____

HOME ADDRESS: _____

PHONE (H): _____ (C) _____ PHONE (W): _____

EMAIL: _____ FAMILY MEMBER (H): _____

WAIVER AND RELEASE OF LIABILITY: In consideration of Atlanta Professional Soccer, LLC, d/b/a Atlanta Silverbacks®, by participating at the 2004-2005 Atlanta Silverbacks tryout, I agree as follows:
In case of medical emergency, I understand that Atlanta Professional Soccer, LLC will attempt to contact a family member at the telephone number listed above. If they cannot be reached, I hereby give my permission to Atlanta Professional Soccer, LLC to secure my medical treatment. The person enrolling in the Atlanta Silverbacks® combine / tryout, his family member assumes all risk of loss of property or injury to the person, including injuries resulting in death caused by or incidental dangers associated with soccer activities and agree that there are certain inherent dangers related to soccer participation and therefore agree to hold the Atlanta Silverbacks®, and owners, officers, coaches, managers, employees, Atlanta Silverbacks Park and agents of the foregoing harmless and specifically agree not to make any claim against Atlanta Silverbacks® and Atlanta Silverbacks Park for any injuries. I acknowledge that the Atlanta Silverbacks® carries no insurance for players and that I am free to seek individual insurance from an independent insurance agent.

Player Signature: _____ Date: _____

Parent/Guardian Signature(if player is under 18 years of age): _____

Date: _____

Print Name: _____

Atlanta Silverbacks® is the registered trademark of Atlanta Professional Soccer, LLC.