



Fort Saskatchewan Soccer

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Fort Saskatchewan Soccer

WAIVER FORM

NAME _____
Please Print

ADDRESS _____

PHONE NUMBER _____

I, _____, understand that I am not insured while participating with any Fort Saskatchewan Soccer event. I understand that Fort Saskatchewan Soccer and/or its proprietors will not be held responsible for any accident, or injury, or loss, however caused, and I agree to release Fort Saskatchewan Soccer, its proprietors, employees and volunteers from any and all claims or damage which may arise as a result of, or by reason of, such accident, injury, loss or medical expenses.

Date

Signature