

Release Form

Please return this portion to the Recreation Department

I am aware that participation in this type of recreation activity **Adult 7 v 7 Soccer League** may result in injury. I agree that the Borough of Chambersburg, its representative(s), and/or all other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury or accident that may occur.

Your Name _____ M ____ F ____ Phone Number _____

Address _____

D.O.B. _____ Circle Residency Boro Guilfrd Green Hamltn Lrgan Lky Other

Email Address _____

Your Signature Date Work Phone

Team/Captain Name: _____

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