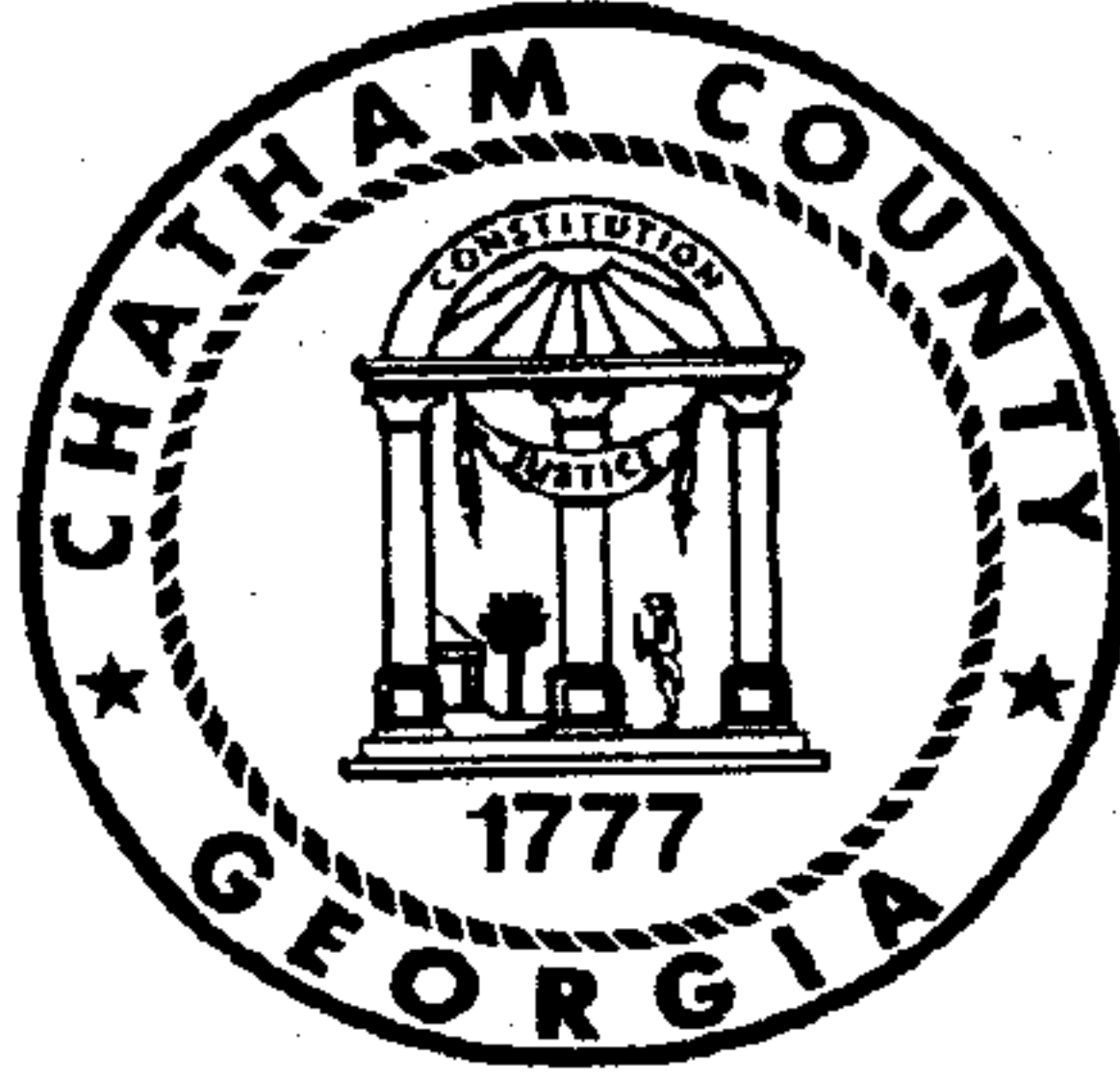


Please mail to:
Savannah Celtic FC
641 Maupas Ave
Savannah, Ga. 31401



ACCIDENT INSURANCE WAIVER

PARTICIPANT'S NAME: _____

TEAM NAME: _____

PARENT/GUARDIAN NAME: _____

I, _____ agree to participate in the Chatham County Public Works & Park Services _____ and I agree to release Chatham County Public Works & Parks Services, the Chatham County Commissioners, Chatham County, Georgia, or its designated representatives from any responsibilities and liabilities, in the event of injury to members of said individual.

(Signature of Parent/Legal Guardian of Participant)

(Date)