



Greater Seattle Soccer League

**CONCUSSION LIABILITY RELEASE &
AGREEMENT NOT TO SUE**

GSSL Member Name: _____

GSSL Member ID Number: _____

Date of Injury: _____

In return for being allowed to continue to participate in GSSL's adult soccer league and to play GSSL league games, I agree as follows:

I understand that playing in adult league soccer games is hazardous and includes many physical risks, including concussions. I understand that concussions can have consequences that are not obvious for several days or weeks, and can lead to very serious complications if not properly treated by those who know how. I recognize the importance for any player suffering a suspected concussion to see a medical professional and get a medical clearance before returning to play.

Based on the foregoing, I AGREE TO RELEASE, HOLD HARMLESS, INDEMNIFY AND NOT TO SUE GSSL and its employees, agents, contractors, officers, members and Directors from all actions, claims, demands for any loss, injury or damage which arises out of the concussion injury deemed by the referee to have occurred in the scheduled GSSL match in which I played on the above date, and my decision to return to play following that occurrence.

I am over 18 years of age and have read and understand the above Liability Release and Agreement Not to Sue and sign it of my own free will.

Signature of Member

Date of Signature