



F.C. Fredericksburg Gunners

PDL/W-League Release Form

I hereby authorize the staff of F.C. Fredericksburg to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release F.C. Fredericksburg, their staff, and the medical staff from any liability for any injuries while competing in their programs. I also certify I am physically fit to take part in all activities.

Player Name

---

Player Signature

---

Date

---