

SRVGAL Umpire

CONSENT FOR TREATMENT AND RELEASE OF LIABILITY

UMPIRE _____
LAST FIRST INITIAL DATE OF BIRTH

PARENT/GUARDIAN: _____
LAST FIRST INITIAL TELEPHONE No.

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

Person to notify in case of emergency (other than parent/guardian):

NAME: _____ RELATIONSHIP TO UMPIRE: _____

HOME PHONE: _____ WORK PHONE: _____

UMPIRE'S PHYSICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

ALLERGIES (IF ANY): _____

CURRENT MEDICATION (IF ANY): _____

LAST TETANUS IMMUNIZATION: _____

MEDICAL INSURANCE PROVIDER: _____

GROUP OR PLAN No.: _____

The undersigned adult Umpire or parent / legal guardian of the above-named minor umpire, hereby authorize or any official of the San Ramon Valley Girls Athletic League (SRVGAL) to consent to any medical examination or treatment, including hospitalization and/or surgery, which is deemed advisable, appropriate or necessary by any duly licensed physician, emergency medical technician, paramedic or other medical practitioner in order to properly care for the aforementioned umpire in the event they sustain injury or should suffer from any illness during the course of umpiring a game or participation of any non-playing activities of SRVGAL; provided, however, the foregoing consent or authorization shall be valid only in a situation where a parent or legal guardian of any above-named minor is not reasonably available to provide the necessary consent to medical treatment.

In the event that the above named umpire is a minor, I also give my permission for my child to umpire in SRVGAL, a competitive fast pitch softball league. In the event the above named umpire is injured or becomes ill during the course of any SRVGAL playing or non-playing activities, whether on or off the field, I hereby authorize any SRVGAL participant or any SRVGAL official to administer or obtain appropriate first aid and, if necessary, to transport the umpire to a physician or hospital for further treatment.

I hereby consent to my child's participation in any and all activities of SRVGAL, and I agree to release, indemnify and hold harmless the San Ramon Valley Girls Athletic League, its officers, directors and agents, from and against any liability of any kind arising out of the activities of SRVGAL or transportation to and from such activities. I understand that the medical insurance provided by SRVGAL affords only excess or secondary coverage which would apply only after other medical insurance providing coverage for the above named umpire has been resorted to. I further understand that the coverage provided by SRVGAL may have a deductible amount

I understand that participation in, or officiating of competitive athletics involves risk of physical injury or death which cannot be entirely eliminated. However, umpires may reduce such risk by following a proper conditioning program, wearing or using protective masks and other appropriate safety equipment, and properly reporting any injury to SRVGAL officials. By participating in, or allowing my minor child to participate in the activities of SRVGAL, I understand that we are expressly assuming the risks referred to above and releasing SRVGAL and its officers, directors and agents from any and all liability arising out of or in any related to the activities giving rise to such risks.

Signature of Parent(s)/Guardian(s): _____ Date: _____

Signature of Umpire (if 18 or older): _____ Date: _____