Youth Umpire Agreement- GK Girls Softball

Parental Consent and Waiver of Liability

Youth Umpires:

I will act responsibly and umpire the game to the best of my ability according to the rules of GK Girls Softball League. I will dress appropriately for all assigned games. I understand that I am an independent contractor and not an employee of GK Girls Softball League. I understand that GK Girls Softball may use any umpire it wishes to umpire it's games, and that I am free to umpire for other leagues and may decline or accept any and all GK Girls Softball umpire assignments. I understand that umpiring may be dangerous, and assume the risks associated with such activity, and will not apply for any assignment I do not feel safe performing.

Parent / Guardian

I understand and acknowledge that there are risks for personal injury that may occur while _____ (aged 13-17) (hereafter known as "son" or "daughter"), is performing umpiring duties for GK Girls Softball League, and that these injuries, at times, range from minor to severe in nature and may require medical attention. I agree to allow my son/daughter to umpire for GK Girls Softball League, acknowledging he risks of potential personal injury stated above. I understand and acknowledge that, as a compensated umpire in GK Girls Softball League, my son/daughter is not eligible for insurance coverage through GK Girls Softball League while performing umpiring duties during GK Girls Softball League games or training. I agree to hold GK Girls Softball League and the GK Girls Softball League Board of Directors, harmless, and not liable in the event that an injury to my son/daughter occurs while performing umpiring duties during GK Girls Softball League games or training. My signature below is my acknowledgment that I have read and understand the above statements and their implications with regard to my son/daughter participating as an umpire for GK Girls Softball League.

_____	_____	_____
Umpire –Printed Name	**Umpire - Signature**	**Date**
_____	_____	_____
Parent or Guardian –Printed Name	**Parent or Guardian - Signature**	**Date**
Sandra L. Mitchell	_____	_____
UCIC –Printed Name	**UCIC- Signature**	**Date**