

## SRVGAL Umpire ~ Consent for Treatment & Release of Liability

Umpire Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship to Umpire: \_\_\_\_\_

Phone Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Umpire's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

Current Medications (if any): \_\_\_\_\_

Last Tetanus Immunization: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Policy/Group # : \_\_\_\_\_

The undersigned adult Umpire or parent/guardian of the above named minor Umpire hereby authorize any official of the San Ramon 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 license 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 the above named minor is not reasonably available to provide the necessary consent to medial treatment or in the situation where the adult umpire is unable for any reason to not give consent of their own for 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 and hold harmless the San Ramon Valley Girls Athletic League, its officers, directors, ad 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. 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 it's 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/Guardian: \_\_\_\_\_ date: \_\_\_\_\_

Signature of Umpire (if 18 yrs or older): \_\_\_\_\_ date: \_\_\_\_\_