

Aurora Baseball League Umpires Form

Umpire Name: _____

Consent and Release from Liability

Please read carefully before signing

In consideration for the baseball and softball education, athletic experience and other benefits provided by the Aurora Baseball League (the "ABL"), we, the parents or legal guardians of the above named participant, hereby give our permission for the participant's participation in any and all the activities of the ABL. We assume all risks and hazards incidental to and part of the games of baseball and softball and the conduct of the activities of the ABL and transportation to and from those activities. We do further release, absolve, indemnify, and hold harmless the ABL and its board members, volunteers and members, the City of Aurora, and its employees and agents, and the Board of Education and its employees and agents; waiving all claims and defenses in the event of injury or other loss to or sustained by the participant during the course of the games, practices, or other activities of ABL. We also release from all liability any person(s) transporting the participant to and from those activities conducted by the ABL or their team. We further agree that in the event of any injury or loss suffered by the participant that we will assume the primary responsibility for the payment of any medical or other expenses and will adhere to the insurance procedures adopted by the ABL. We will furnish a certified copy of the participant's birth certificate or other acceptable proof of age to the ABL upon request.

We further agree that all equipment issued the participant; exclusive of their hat, shirt, pants and socks, remains the property of the ABL and that we are responsible for the proper care of that equipment and will return it to the ABL upon request. We further agree that we are liable for the reasonable replacement or repair cost, as determined by the ABL, of equipment lost, stolen, not returned, or damaged outside the normal activities of the ABL. We agree that the non-payment of any such replacement or repair cost may result in the participant being ineligible for future ABL participation. We hereby further agree to the above terms and conditions in registering the participant named above and to the provisions of the ABL Constitution and decisions of the Board of Directors of the ABL. We further agree that each provision of this agreement is separate from the whole and should any provision be deemed unenforceable, it will have no affect upon the other provisions, which will remain in effect as part of this agreement.

By my signature below I hereby certify and represent to the ABL that I am authorized to sign this agreement, including the consent and release causes above; on behalf of myself, the participant, and any other parent or legal guardian of the participant and that they mutually accept the provisions of this agreement. I waive our right to a copy of this agreement.

Signature of Parent or Guardian

Date

Emergency Medical Authorization

Fill out and sign either Part One or Part Two.

Part One – To Grant Consent

In the event I am not present at the time emergency medical treatment is needed, I hereby give my consent for both of the following:

- (1) Immediate treatment of my child by trained personnel, including, but not limited, to coaches, health care providers and paramedics.
- (2) The transfer of my child to a hospital, preferably, but not required to be:
_____ (Hospital).

Facts concerning my child's medical history including allergies, medications, being taken, or any physical impairments to which a physician should be alerted:

Signature of Parent or Legal Guardian: _____ Date ____/____/____

Part Two – Refusal to Grant Consent

I do not give my consent for emergency medical treatment for my child. In the event of an emergency I wish the Aurora Baseball League to take no action or to do the following:

Signature of Parent or Legal Guardian: _____ Date ____/____/____