

UMPIRE CLINIC 2024

UMPIRE INFORMATION:

NAME OF UMPIRE							
PHONE NUMBER (NUMBER USED TO CONTACT FOR GAMES)							
ADDRESS							
DATE OF BIRTH		AGE (AS OF 4/1/2024)		GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	

SPORT (CHOOSE ONE)	<input type="checkbox"/> BASEBALL	<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> BOTH
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SHIRT SIZE

YOUTH	<input type="radio"/> L(10-12)	<input type="radio"/> XL(14-16)	ADULT	<input type="radio"/> SMALL	<input type="radio"/> MEDIUM	<input type="radio"/> LARGE	<input type="radio"/> X-LARGE	<input type="radio"/> 2-XL
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PARENT ONE

NAME		PHONE	
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PARENT TWO

NAME		PHONE	
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EMERGENCY CONTACT (IF PARENTS CAN'T BE REACHED)

NAME		PHONE	
RELATIONSHIP TO PLAYER			

PARTICIPANT PRINTED NAME	PARTICIPANT SIGNATURE	DATE
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IF UNDER 18 YEARS OF AGE

PARENT/GUARDIAN PRINTED NAME	PARENT/GUARDIAN SIGNATURE	DATE
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*****DO NOT WRITE IN THIS AREA*****

VOUCHER #		CHECK #		ACH	CASH	OTHER		AMOUNT		DATE	
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UMPIRE CLINIC 2024

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19
ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT FOR MINORS

READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward, _____, being allowed to participate in any way in
Name of Minor Child/Ward

the City of Chester Parks and Recreation's Rec Ball League related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (ex: communicable diseases such as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such to the attention of the City of Chester Recreation Director immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the City of Chester, Illinois; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS the City of Chester, Illinois, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage from any and all liabilities incident to my child/ward's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, with legal responsibility for this participant, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

UNDERSTANDING THE RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Name:

_____ Parent/Guardian Signature _____

Date Signed: _____

Phone Number: (____) _____

MINOR PHOTO RELEASE FORM

I, _____ (name of parent or legal guardian) hereby grant and authorize on behalf of the following minor(s)

MINOR NAME	MINOR AGE	MINOR DATE OF BIRTH
1.	1.	1.
2.	2.	2.

The City of Chester Parks and Recreation Department the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of the minor child(ren) to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

This authorization extends to all languages, media, formats and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing, or the minor(s) revokes this authorization in writing upon reaching majority age.

I waive any right that I or the minor(s) may have to inspect or approve any finished product in which the minor's likeness appears, including written or electronic copy.

I agree that the minor(s) has not been nor will they be compensated for this use of his/her likeness. I waive any right to royalties or other compensation arising or related to the use of the photograph.

I understand and agree that these materials shall become the property of the City of Chester Parks and Recreation Department and will not be returned.

I do hereby, fully release and forever discharge the City of Chester, including their officials, agents, volunteers, employees, and sponsors from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate and the minor(s) estate(s), arising out of, connected with, or in any way associated with the use of the photograph(s) or video.

I warrant that I am of full age and have every right to contract for the minor(s) in this regard. I state further that I have read the above authorization, release, and agreement, prior to its execution, and that I am fully familiar with its contents.

This release shall be binding upon the minor(s) and me, and our respective heirs, legal representatives, and assigns.

Printed Name: _____

Relationship to Minor(s): _____ Date: _____

Signature: _____

FEBRUARY 1, 2021