

# West Coast Umpire Association

## 2012 Medical Waiver

Name of Umpire: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

This is to certify that, the above named individual, having chosen to participate voluntarily, as an **INDEPENDENT CONTRACTOR**, as an assigned umpire for which a medical examination by a qualified physician is recommended.

I consider myself to be physically capable of handling the rigors required for normal participation in **Baseball Games** as an Umpire. I have chosen to participate voluntarily in sponsored umpiring activities with full knowledge of what will be required of me. I realize that a medical examination is strongly recommended. The decision to participate either with or without the recommended medical examination is a conscious one.

In light of my voluntary choice to participate, I specially agree to waive any and all legal rights for claims of any nature whatsoever that I may have now or in the future against this association or any person or persons representing this association for any injury or loss sustained while participating in these activities or while traveling to and from these activities.

I certify that I have read this **MEDICAL WAIVER/HEALTH CERTIFICATION** form and understand its contents as evidence by my signature below.

---

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

---

Parent/Guardian Signature (if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_