



Cooperstown All Star Village

Umpire Application/ Participation Form for 2021

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) - _____ - _____ Cell Phone: (_____) - _____ - _____

D/O/B: ____ / ____ / ____ Gender: M / F Ring Size: _____ Shirt Size: _____

Name of Umpire Association: _____

President of Association: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) - _____ - _____ Cell Phone: (_____) - _____ - _____

How many years have you been a member of this organization? _____

Do you have personal or association health/liability insurance? Yes No

Are you familiar with (Check that applies) 2 man 3 man 4 man All mechanics?

Have you graduated from any Professional Umpiring Schools? Yes No

Have you attended any clinics run by a Professional Umpire? Yes No

If yes, which ones? _____

Have you ever umpired at Cooperstown All Star Village: Yes No: If yes, what year(s)? _____

What is your availability for the summer of 2020? Please check all weeks you will be available:

- | | | |
|---|---|---|
| <input type="checkbox"/> June 5 th thru June 11 th | <input type="checkbox"/> July 3 rd thru July 9 th | <input type="checkbox"/> July 31 st thru August 6 th |
| <input type="checkbox"/> June 12 th thru June 18 th | <input type="checkbox"/> July 10 th thru July 16 th | <input type="checkbox"/> August 7 th thru August 13 th |
| <input type="checkbox"/> June 19 th thru June 25 th | <input type="checkbox"/> July 17 th thru July 23 rd | <input type="checkbox"/> August 14 th thru August 20 th |
| <input type="checkbox"/> June 26 th thru July 2 nd | <input type="checkbox"/> July 24 th thru July 30 th | <input type="checkbox"/> August 21 st thru August 27 th |

What team are you attending with?: _____

Do you have a relative participation at Cooperstown All Star Village? Yes No

****Your first obligation at CASV is umpiring, second is watching your teams games.****

*****You will be required to umpire a minimum of 3 games a day*****

Once filled out please submit to Cooperstown All Star Village via

Mail: PO Box 670 Cooperstown NY, 13326 or Fax: (607)-432-1076



Cooperstown All Star Village
Adult & Minor
WAIVER AND RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING

DISCLAIMER: COOPERSTOWN ALL STAR VILLAGE AND AFFILIATED COMPANIES ARE NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR IN ANY OTHER WAY INVOLVED IN COOPERSTOWN ALL STAR VILLAGE ACTIVITIES FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE COOPERSTOWN ALLSTAR VILLAGE OR ITS AGENTS, EMPLOYEES, SPONSORS, VOLUNTEERS, THE OWNERS AND LESSORS OF THE PREMISES AND ALL OTHERS WHO ARE INVOLVED.

In consideration of being allowed to participate in any way in the Cooperstown All Star Village sports program(s), related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent disability, paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) FOR MYSELF, SPOUSE OR 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 or my child's participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern or hazard during my presence, participation and/or child's readiness for participation and/or the program itself, I will remove myself or child from participation and bring such to the attention of the nearest official immediately; and,
- 4) I give Cooperstown All Star Village or its designee the irrevocable right to take and use my name, picture, likeness, photograph, film, videotape, and/or verbal statement in all forms and media and in all manners for any advertising, promotional, Internet (Web Site) and/or publicity purposes of Cooperstown All Star Village. I waive any rights I may have in connection with any use of the material, including any right to inspect or approve the finished use, including any written copy that may be created in connection with such use.
- 5) I, for myself, my spouse, my child, and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS COOPERSTOWN ALL STAR VILLAGE 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 INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my or 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,
- 6) I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in the state of New York.



I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Sign below if you are an Adult Participant, Coach or Umpire:

X _____ Date: _____
 (Participant's Signature)

Team: _____

SIGN BELOW FOR PARENT/GUARDIAN OF 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, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____ Print: _____
 (Parent/Guardian Signature) (Print Name of Parent/Guardian)

Team: _____

DATE SIGNED: _____ Emergency Phone Number: _____

Sign below if you are the PARTICIPANT:

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.

X _____ (PARTICIPANT SIGNATURE) _____ (PRINT NAME)

Team: _____