

**Parental Consent to Umpire
And
Waiver of Liability**

- I understand and acknowledge that there are risks for personal injury that may occur while _____ (aged 12-17) (hereafter known as “son” or “daughter”),
(Print umpires name)
is performing umpire duties for Kent Little League, and that these injuries, at times, range from minor to severe in nature and may require medical attention.
- I agree to allow my son/daughter to umpire for Kent Little League, acknowledging the risks of potential personal injury, stated above.
- I understand and acknowledge that, as a compensated umpire in Kent Little League, my son/daughter is not eligible for insurance coverage through Kent Little League while performing umpiring duties during a Kent Little League Game or Training.
- I agree to hold Kent Little League, the Kent Little League Board of Directors, and Little League Baseball, Inc., harmless, and not liable, in the event that an injury to my son/daughter occurs while performing umpiring duties during a Kent Little League game or Training.
- My signature below is my acknowledgement that I have read and understand the above statements and their implication with regard to my son/daughter participating as an umpire for Kent Little League.

**Name(s) of Parent/
Legal Guardian of Umpire** _____
(Please print)

**Signature of Parent(s)/
Legal Guardian of Umpire** _____

Today's Date _____