

2010 IACAO BASEBALL UMPIRES CLINIC ADVANCE REGISTRATION FORM

Advance Registration \$30.00

Please make check payable to:

IACAO

INTER-ASSOCIATION COUNCIL OF
ATHLETIC OFFICIALS

Mail to:

Gregg Buchner
IACAO Clinic Registration
904 Wellington Circle
Aurora, IL 60506

Note:

Registration at door is \$35.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ IHSA ID#: _____

Email Address: _____

Experience (please circle one): 0 - 2 yrs 3 - 5 yrs 6+ yrs Playoffs

Track I Plan to Attend (please circle one): Level I Level II Level II - 3 Umpire

Local Officials

Association

Membership(s): _____

HOLD HARMLESS AGREEMENT

The following "Hold Harmless Agreement" must be signed or registration will be deemed to be incomplete and you and/or your child/ward will not be allowed to participate in the clinic.

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against IACAO, including its officials, board members, agents, program clinicians and instructors and volunteer staff. I hereby authorize and give my consent to IACAO to photograph/video my child (or me) and, without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of IACAO, without consideration of any kind. I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims, and photo/video authorization.

Signature of parent/guardian or adult participant

Date