



TBL Rio Grande Valley
Umpire Waiver and Medical Release of Liability

Medical Release:

I understand that TBL Rio Grande Valley requires a doctor's certificate stating that I am in satisfactory health to engage in officiating. In lieu of such a doctor's certificate stating that I am in satisfactory health I have signed this Release and waiver which I understand bars me, or anyone on my behalf from bringing any claim against TBL Rio Grande Valley should I be suffering from any known or unknown mental or physical condition which might incapacitate me now or in the future. TBL Rio Grande Valley, its Officers, Trustees and Participants will not be liable in any way should I be injured or become ill or die while officiating or due to any officiating activities by me.

Signature _____

Printed Name _____

Dated _____

Release and Waiver:

By this writing , I hereby agree to release TBL Rio Grande Valley from any and all claims, I, or anyone acting on my behalf, may have now and at any time in the future for any injuries or claims arising out of my umpiring activities in baseball and/or softball. I waive and specifically release TBL Rio Grande Valley, its Participants, Officers and Trustees from any and all claims I or my estate or anyone acting on my behalf might ever bring against TBL Rio Grande Valley its Participants, Officers and Trustees. I understand that I have the right not to agree to this Release and Waiver, but if I do not agree to this Release and Waiver, I will not be permitted to umpire on behalf of TBL Rio Grande Valley By making this Release and Waiver, I expressly agree to bind myself, or anyone acting on my behalf, or my Estate or anyone acting on behalf of my Estate, from any claims arising out of my officiating activities with TBL Rio Grande Valley.

Signature _____

Printed Name _____

Dated _____