

## HARRISBURG YOUTH ASSOCIATION, INC. UMPIRE INDEPENDENT CONTRACTOR FORM

Name:	Date of Birth:
Street Address:	
City / State / Zip:	
Phone #:	Age:
E-mail Address:	
Independent Contractor Position: <u>UMPIRE – HYA BASEBALL/SOFTBALL</u>	
Background Investigation Clearance: Harrisburg Youth Association, Inc. is an affiliate association of the Harrisburg Township Park District. By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Harrisburg Youth Association, Inc and/or Harrisburg Township Park District.	
Independent Contractor Agreement and Signature:  I offer to provide my services to the Harrisburg Youth Association, Inc. ("Association") and Harrisburg Township Park District ("District") as an independent contractor and recognize I am not an employee of the Association or District. I understand that any payment for services received is the total compensation and I am fully responsible for my insurance needs and issues. I recognize and acknowledge that there are certain risks of physical injury associated with this activity and I agree to assume the full risk of injury, including death, physical injury, property damage, or any other loss, regardless of severity, which I may sustain as a result of participating in these activities. I understand that not all hazards and dangers can be foreseen. Depending on the particular activity, certain risks, dangers and injuries due to inclement weather, slipping, falling, carelessness, horseplay, premises defects, inadequate or defective equipment, and other circumstances inherent to recreational activities exist. In consideration of the Association and the District allowing me to be an independent contractor, I knowingly, freely and voluntarily indemnify, hold harmless, release, remise, and discharge the Association and the District, their officers, agents, representatives, employees, volunteers, and independent contractors from any and all liability claims, causes of action, and damages from any personal injury including death, personal loss or damages, or property loss or damage claims I may have or that may accrue to me as a result of participating in this activity. In the event that this activity requires certain physical acts, I am capable of performing those acts and have not notified the Association and the District or the other individuals released herein of any reason why I should not be able to perform those physical acts.	
Additionally, I hereby give consent for the Association and the District to publications and promotions and acknowledge that these photos/videos the District.	
By signing below I certify, under oath, that I have never been convicted sex offender. If I am convicted of or found to be a child sex offender, finding to the Association and the District.	
By submitting this form, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an independent contractor, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Signature:	Date: