



City of Adams

Recreation Department

7617 Highway 41 North, Suite 101

Adams, Tennessee 37010

www.adamstennessee.net

(615) 696-2593



UMPIRE PERSONNEL FORM

NAME: _____

ADDRESS: _____

CELL: _____ EMAIL: _____

SSN: _____ DOB: _____

By signing below, I understand payment for umpire services to the City of Adams Recreation Department will be made by check only. Umpire Payment Forms are to be completed, signed by a Recreation Director or Head Umpire Volunteer, and turned into City Hall. Payments will be processed and mailed to each umpire the Thursday after receipt of the Umpire Payment Forms. Checks not cashed within 90 days of payment are automatically void and will require the umpire to contact City Hall to have the check reissued. Reissued checks will be processed and mailed to the umpire within five (5) business days of notification from the umpire. A fee of \$35.00 will be deducted from the reissued check to cover the cost of the bank stop payment fee. I further understand that as an umpire, I am considered a seasonal employee of the City of Adams Recreation Department, and as such will receive an IRS Form 1099 if total services for the current season total \$600 or more.

I acknowledge that working as an umpire can be a hazardous activity. I understand I am covered under the City of Adams' workers compensation insurance and will report any injuries, that occurred during Adams Recreation Club scheduled umpiring services, to the City of Adams within twenty-four (24) hours of incident. Furthermore, I agree to hold harmless from any liability, the City of Adams, the Recreation Department, its officers, and employees.

I understand and authorize the City of Adams, or a representative, to conduct a background check.

This agreement shall be in force for the current Baseball/Softball season, or until revoked in writing by either myself or the City of Adams or Director of the Adams Rec League.

SIGNATURE OF UMPIRE: _____

WITNESS: _____

DATE: _____