

LANE COUNTY SOCCER REFEREES ASSOCIATION
Member Agreement

This Agreement is made between (Please PRINT your name): _____ (Official) and the Lane County Soccer Referees Association (LCSRA).

Membership in and inclusion on the roster of the LCSRA does not carry any obligation on the part of the LCSRA to make any specific number or types of assignments. Assignments made may include any or all types and numbers of games contracted between the LCSRA and its clients. Any assignments made may be cancelled or rearranged as is deemed necessary by the LCSRA.

The above named official is an independent contractor and not an employee of the LCSRA, its agents, or of any of the clients served by the LCSRA.

All travel arrangements to the site of each game to which the above named official may be assigned are the sole responsibility of the official.

The official is personally responsible for providing his/her own medical insurance and coverage for any injury which may be sustained in his/her capacity as an official. The above named official warrants by his/her signature below that medical coverage is presently in effect and will remain in full force at the official's expense throughout the duration of his/her membership in the LCSRA. The official understands and agrees that neither the LCSRA or any of the clients it services provides Worker's Compensation Insurance benefits for officials.

The official agrees to hold harmless and indemnify the LCSRA, its agents, and/or the clients it services from any and all liability imputed to them for injuries and/or damages caused to any person or property due solely to any negligent or intentional act or omission of the official arising out of and/or related to his/her membership in the LCSRA.

The official agrees to hold harmless the LCSRA, its agents and/or its clients from any injury or damage suffered by the official in his/her capacity as an official unless the injury or damage is caused solely by the misconduct or negligence of the LCSRA, its agents, and/or its clients.

The official warrants that he/she is physically fit commensurate with the rigors of soccer officiating and that the LCSRA has herein recommended that the official seek such medical advice at the official's cost from a licensed physician of his/her choosing that he/she is medically fit to officiate soccer. The above named official further agrees that he/she will remain physically fit in order to perform the duties required of a soccer official. The official agrees to promptly notify the LCSRA or its agents at any time that his/her condition, for any reason, would interfere with the performance of his/her officiating duties.

The official warrants that he/she has not been convicted of a crime of violence or threatened use of violence against a person or agency, a crime of sexual offense or violence, a crime involving a person of minor age, a crime against an individual, or a crime involving the use, possession, or sale of a controlled substance.

The above named official agrees to pay all annual dues, fees and liability insurance as required by client groups and the LCSRA and that such fees may be deducted from the official's earnings or collected directly from the official.

Assignments should be accepted or turned back within 72 hours of them being posted on the website. Any late turnback (within seven days or less of the game) should be done by telephone to Commissioner. Commissioner will not always call back, if he gets an email or voicemail, instead updating the website. Officials should know to look there and should allow 24 hours before they follow up further. If the turnback is within 48 hours members need to keep calling until they have made personal contact and Commissioner will call them back.

LCSRA policy is that a game with a red card or games with medical emergencies should prompt a call to the Commissioner within 24 hours and preferably immediately. Game reports shall be submitted within 48 hours.

The above named official and the LCSRA agree that each has read and understands the foregoing conditions, will abide by them, and that the following information will be kept confidential and not disclosed to any outside party(s) without written permission from the above named official.

Official's Signature

LCSRA

Social Security Number

Date

Date