

**NORTH METRO MIRACLE LEAGUE INC.
REGISTRATION / RELEASE FORM
FOR (Volunteer) BUDDY**

Season: Spring/Fall Year: _____

Buddy Name (1) _____ AGE _____ ES MS HS Adult

Buddy Name (2) _____ AGE _____ ES MS HS Adult

Buddy Name (3) _____ AGE _____ ES MS HS Adult

*EMAIL: _____

*(IMPORTANT - MAKE IT READABLE PLEASE)

Group/Organization: _____

Volunteered with North Metro Miracle League before? yes no

Telephone Numbers: _____

Address: _____

In consideration for North Metro Miracle League Inc. providing the opportunity for me to participate in Miracle League activities, the undersigned does hereby release and agree to indemnify and hold harmless North Metro Miracle League Inc., its officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my participation in Miracle League baseball or the participation of any family member or guest. I assume all risks and hazards incidental to such participation in North Metro Miracle League games and activities and consent to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event I suffer an injury during sanctioned games and activities.

I understand that there will be **media and promotional coverage** of North Metro Miracle League Games and activities and I give my consent to publish my name and picture for such purposes.

Signature _____

Self, or if under 18 - Parent / Legal Guardian

Date _____