

Miracle League of Pennsylvania's Laurel Highlands Champions

VOLUNTEER/BUDDY REGISTRATION FORM

For additional information please call: 724-880-8774, email weallplayball@hotmail.com, or visit the website: www.mlplh.org

Name Today's Date Home Phone Cell Phone

Street Address City County State Zip Code

Email address Emergency Contact & Phone Number

M/F Birth Date: Age: School: (if applicable)

Shirt Size: Youth: S M L XL Adult: S M L XL 2X 3X 4X

Preference: Buddy Concessions Other

Social Security Number: (If 18 or older)

Drivers License Number State of Issue: (if applicable)

A criminal background check will be performed on all volunteers 18 or over. If the background check does not come up clear, then it is up to the discretion of the board of directors whether the individual can become a volunteer. Fee: \$5.00

Participation in baseball may result in serious injuries and protective equipment does not prevent all injuries. I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Miracle League of PA's Laurel Highlands and their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers from any claim rising out of any injury whether the result of negligence or for any other cause.

I hereby grant the Miracle League of PA's Laurel Highlands, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself and my family members including my Miracle League player/child/buddy. These materials may appear in any form, style, color or medium whatsoever (including, without limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet, and electronic media). I agree that all material containing any identifiable representation of me (including, without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of the Miracle League of PA's Laurel Highlands. I hereby release and forever discharge the Miracle League of PA's Laurel Highlands from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporate my name, voice, likeness or any other identifiable representation of myself, my family including my Miracle League player/child. This agreement is all inclusive.

I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Printed Name Signature (if 18 or older)

Signature of Parent or Guardian (If under 18)

Name of Parent or Guardian (please print)

*For office use only: Team: Position:

Please Mail Completed Form To: Miracle League of PA's Laurel Highlands PO Box 902 Uniontown, PA 15401