

 ***“Every Child Deserves a Chance to Play Baseball”***

**BUDDY/VOLUNTEER MINOR (Under 18 Years Old) RELEASE FORM**

Volunteer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration for the Miracle Fields of DFW, Inc. providing the opportunity for my child to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless the Miracle Fields of DFW, Inc. and 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) related to or arising from activities in connection with participation in Miracle League baseball or the participation of any family member or guest of the undersigned.

I assume all risks and hazards incidental to such participation in Miracle League games and activities, on behalf of myself and my child, consent for my child 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 of an injury.

 I agree to provide my child’s specific medical information to the Miracle Fields of DFW, Inc. so that appropriate precautions and care can be provided. I agree to be present at all games and activities so that I can manage our child’s specific needs. I agree to have any and all medication (prescription and non-prescription) for my child and shall be solely responsible for dispensing any such medication to my child.

I represent and warrant that I am the parent and/or legal guardian of the above-named volunteer and am authorized to sign this waiver on his/her behalf.

 Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that there will be media and promotional coverage of Miracle League Games and activities and I give our consent to publish my/our child’s name and picture for such purposes. I hereby grant the Miracle League Association, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing the name, voice, likeness or any other identifiable representation of me or my child. 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 identifiable representation of me or my child (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 Association. I hereby release and forever discharge the Miracle League Association from any and all liability and damages relating to the name, voice, likeness or any identifiable representation of me or my child. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates the name, voice, likeness or any other identifiable representation of me or my child. I have agreed to the above in consideration of the opportunity given to me by the Miracle League Association to appear in these materials.

I represent and warrant that I am the parent and/or legal guardian of the above-named volunteer and am authorized to sign this waiver on his/her behalf.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_