

The Miracle League for Highlands County
2019
Volunteer Registration Form

Name _____

Address _____

Phone # _____

E-mail _____

I am interested in being: Coach Buddy
 Volunteer for special event

In consideration for The Miracle League for Highlands County providing the opportunity for me to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless The Miracle League for Highlands County, it's staff, 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 activities in connection with 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 The Miracle League games and activities and consent to receive first aid and/or emergency medical care in the event of an injury.

I understand that there will be media and promotional coverage of The Miracle League for Highlands County games and activities and I give consent to publish my name and picture for such purposes.

Signature

Date Signed

Return completed form to:

The Miracle League For Highlands County
P.O. Box 671
Lake Placid, FL 33862
863-451-6831
ml4hcbb@gmail.com

www.ml4hc.com

The school is neither endorsing nor sponsoring this event nor approving or endorsing the views of the organization sponsoring the event. The school does not require you to attend or participate in this event.

We are a 501(c3) Florida Non-Profit Corporation