

The Miracle League for Highlands County  
2016  
Buddy Under 18 Years  
Registration Release Form

Buddy Name \_\_\_\_\_

Buddy Address \_\_\_\_\_

\_\_\_\_\_

Buddy Phone # \_\_\_\_\_

Buddy E-mail \_\_\_\_\_

In consideration for The Miracle League for Highlands County 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 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 child's activities in connection with participation in Miracle League baseball or the participation of any family member or guest of the undersigned. I consent for my child to receive first aid and/or emergency medical care in the event of an injury.

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

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

\_\_\_\_\_  
Date Signed

[Return completed form to:](#)

Miracle League For Highlands County  
P.O. Box 671  
Lake Placid, FL 33862  
863-451-6831

[www.ml4hc.com](http://www.ml4hc.com)

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

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.