

The Miracle League of Lake Placid
2018
Buddy Under 18 Years
Registration Release Form

Buddy Name _____

Buddy Address _____

Buddy Phone # _____

Buddy E-mail _____

In consideration for The Miracle League of Lake Placid 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 of Lake Placid, 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 of Lake Placid 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

Please return form to:

**You can bring it with you and give it to:
Neatha Madden or Sean Dolan**

Or Mail to

**The Miracle League For Highlands County
Buddy Registration
PO Box 671
Lake Placid, FL 33862**

Or

**Email: ml4hcbb@gmail.com
863-451-6831**