



The Miracle League of Green Bay
2010
Volunteer Registration

NAME _____ AGE: Adult(Over 18)or Youth _____

MAILING ADDRESS _____
ZIP _____

PHONE(HM) _____ PHONE(Cell or WK) _____ E-Mail _____

I AM INTERESTED IN BEING A: (CHECK)

BUDDY (Buddies must be at least 12 years of age) _____ TEAM MOM _____ UMPIRE _____

VOLUNTEER for CONCESSION STAND _____ SPECIAL EVENTS VOL _____ FUNDRAISER _____

I REQUEST TO BE A BUDDY FOR: _____
(Optional)

I HAVE _____ YEARS EXPERIENCE WITH:

Youth Sports _____ Baseball _____ Individuals with Disabilities _____ Volunteer Organizations _____

OTHER SPECIAL QUALIFICATIONS OR CERTIFICATIONS (List):

RELEASE

The undersigned does hereby release and agree to indemnify and hold harmless the Miracle League of Green Bay 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) resulting from my/his/her activities in connection with participation as a volunteer in Miracle League baseball or 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 and consent 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 I/he/she should suffer an injury during sanctioned games and activities.

Media

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

Adult or (Parent/Guardian Signature for Under 18) _____ Date _____

(Note: All Volunteers are subject to a background check.)

Please return this completed, signed, form to: Teresa Anderson

By e-mail: teresa.anderson@gbmiracleleague.com By U.SMail: Teresa Anderson, Volunteer Coord.

Miracle League of Green Bay

2898 Craanen Rd

New Franken, WI 54229

By phone: 920-866-1800

