



CUMMING-FORSYTH COUNTY MIRACLE LEAGUE

ADULT PLAYER REGISTRATION RELEASE FORM

Player's Name: _____

In consideration for Cumming-Forsyth County Miracle League providing the opportunity for my adult player to participate in Miracle League baseball and/or to participate in Miracle League Awareness campaigns, fund raising events, and other social activities (collectively, "League Activities"), the undersigned does hereby release and agree to indemnify and hold harmless Cumming-Forsyth County Miracle League, its officers, directors, employees, agents, and independent contractors 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 adult player's participation in League activities. The undersigned also acknowledge, understand and recognize that there are inherent risks involved with League activities. These risks may involve serious physical injury including catastrophic bodily injury or even death.

I/We assume all risks and hazards incidental to such participation in Miracle League games and activities and consent for my adult player 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 my adult player suffers an injury during sanctioned games and activities.

I agree to provide my adult player's specific medical information to the Cumming-Forsyth County Miracle League so that appropriate precautions and care can be provided to my adult player during sanctioned games and activities. I/We agree to be present at all games and activities so that I/We can manage our adult player's specific needs. I/We agree to have any and all medication (prescription and nonprescription) for my adult player and shall be solely responsible for dispensing any such medication to my adult player.

Parent /Guardian Name(s) (Print)

Parent /Guardian Name(s) (Print)

X _____
Parent /Guardian Signature(s)

X _____
Parent /Guardian Signature(s)

Date Signed

Date Signed

E-Mail Address

E-Mail Address

I/We understand that there will be media and promotional coverage of Cumming-Forsyth County Miracle League Games and activities and I/We give our consent to publish my/our adult player's name and picture for such purposes.

X _____
Parent /Guardian Signature(s)

X _____
Parent /Guardian Signature(s)