



CUMMING-FORSYTH COUNTY MIRACLE LEAGUE

REGISTRATION RELEASE FORM FOR BUDDY OVER 18 YEARS-OLD

Buddy Name _____

Buddy Address _____

Buddy Home Telephone Number _____

In consideration for Cumming-Forsyth County Miracle League providing the opportunity for me to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless Cumming-Forsyth County Miracle League, 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 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 Cumming-Forsyth County 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 suffer an injury during sanctioned games and activities.

Date Signed _____

Signature _____

E-Mail Address _____

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

Signature _____