



CUMMING-FORSYTH COUNTY MIRACLE LEAGUE

REGISTRATION RELEASE FORM FOR BUDDY UNDER 18 YEARS-OLD

Buddy Name _____

Buddy Address _____

Buddy Home Telephone Number _____

In consideration for Cumming-Forsyth County Miracle League providing the opportunity for my child 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 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.

Parent /Guardian Name(s) (Print)

X _____
Parent /Guardian Signature(s)

Date Signed

E-Mail Address

Parent /Guardian Name(s) (Print)

X _____
Parent /Guardian Signature(s)

Date Signed

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 _____