Miracle League of Blair County
VOLUNTEER REGISTRATION FORM

Check Applicable Line(s):
* Umpire _____
* Announcer _____
* Concessions _____
* Other (list)_____

For additional information please email: blairmiracleleague@hotmail.com
or visit our website: www.pamiracleleague.com

_____ _____ _____ _____
Volunteer Name Today's Date Home Phone Cell Phone

_____
Street Address City County State Zip Code

_____ _____
Date of birth email address

M/F _____ Birth Date: _____ Age: _____ School: _____

(Must include birth date for criminal background check)

Have you lived outside of Pennsylvania at any time in the last 10 years? Yes/No _____

A criminal background check will be performed on all volunteers 18 or over.

I know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Miracle League of Blair County and their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers from any claim rising out of any injury whether the result of negligence or for any other cause.

I hereby grant the Miracle League of Blair County, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself, my family members including my Miracle League player/child/buddy. 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 agree that all material containing any 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 of Blair County. I hereby release and forever discharge the Miracle League of Blair County from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporate my name, voice, likeness or any other identifiable representation of myself, my family including my Miracle League player/child.

I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Printed Name _____ Signature (if volunteer is 18 or older) _____

Signature of Parent or Guardian (if under 18)_____

Name of Parent or Guardian (please print) _____

* For Office Use Only: Team _____ Position _____

Please Mail Completed Form To:
Miracle League of Blair County
P.O. Box 1091
Altoona, PA 16603