

## NORTH METRO MIRACLE LEAGUE INC. REGISTRATION / RELEASE FORM FOR (Volunteer) BUDDY

Season: Spring / Fall Year:

Buddy Name (1)	AGE	ES MS	HS Adult
Buddy Name (2)	AGE	ES MS	HS Adult
Buddy Name (3)	AGE	ES MS	HS Adult
*EMAIL:			
*(IMPORTANT - MAKE IT READABLE PLEASE)			
Group/Organization:			-
Volunteered with North Metro Miracle League before?yes	no		
Telephone Numbers:			
Address:			-
In consideration for North Metro Miracle League Inc. providing the of League activities, the undersigned does hereby release and agree of Metro Miracle League Inc., its officers and directors from any and a property damage, or any type of claim or damage (including but not expenses) resulting from my participation in Miracle League baseba member or guest. I assume all risks and hazards incidental to a Miracle League games and activities, including exposure to vir not limited to, COVID-19 and subsequent variants, the flu, and first-aid and/or emergency care by a qualified Emergency Medical qualified to render medical assistance in the event I suffer an injury I understand that there will be media and promotional coverage of Nactivities and I give my consent to publish my name and picture for sections.	to indemnify and hold ll claims for personal il claims for personal ilimited to attorney's fall or the participation in the cammon cold. If the common cold is during sanctioned gas North Metro Miracle L	harmless injury, dea fees or litig of any fam north Meess included consent to an or other ames and a	North th, pation nily etro ling, but receive person activities.
Signature Self or if under 18 - Parent / Legal Guardian	Date		_