Miracle League of Grand Island & Western New York, Inc.
2014 Registration/Release

For additional information, visit our website:
www.miracleleaguewny.org

Volunteer's Name _____ Home Phone _____

Street Address / City / State / Zip Code _____

Volunteer Shirt Size (please circle) Youth S M L XL Adult S M L XL XXL

Parent / Guardian (Please print) _____ Contact Phone _____

Email Address _____ Emergency Phone _____

Agreement/Permission Statement:
(Words enclosed in brackets are for a parent or guardian of participants who are under age 18 and/or require such additional permission.)

I agree [*give my permission for the player listed on this form]* to participate with The Miracle League Activities, and to cooperate fully with those in charge of each session or event that are part of the Activity.

I agree *[give my permission for the player listed on this form]* to be photographed, videotaped, or interviewed by any television, radio, newspaper, magazine, private person or group, and that the gathered material may be transmitted by electronic media or otherwise used in Miracle League published materials or in other ways for the enhancement of the Miracle League program.

I understand *[on behalf of the player listed on this form]* that the activities involves some physical risk and I assume all risk for property damage, personal injury or death to the player as a result of or in connection with the Activity and my and the player's use of the Property.

I agree *[on behalf of the player listed on this form]* to indemnify, defend, and hold harmless the Miracle League of Grand Island & Western New York, Inc. and the Town of Grand Island from and against, any and all loss, liability, damage, claim, expense, fines, penalty, interest, cost, or other obligation of any nature, and injury to or death of any person, or for loss or damage to any property, arising as a result of or in connection with the Activity or my use or use by the player of the Property. **NO PORTION OF THE ABOVE CAN BE CROSSED OUT OR ALTERED.**

Volunteer Signature_____ Date:_____

Parent/Guardian Signature_____ Date:_____

Please complete and mail to:
The Miracle League of Grand Island & Western New York, Inc.
PO Box 833 - Grand Island, NY 14072