



Kiwanis Miracle League

2015 Volunteer Registration & Release

NAME _____ AGE: (If under 18) _____

Representing _____ (if with a group)

StreetAddress _____ City/State/Zip) _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

E-Mail (PLEASE PRINT CLEARLY) _____

I WANT TO: COACH /_____/ ASSISTANT COACH /_____/ BUDDY /_____/

NOTE: MUST BE 12 OR OLDER OR SIBLING OF THE PLAYER).

I REQUEST TO BE A BUDDY FOR: _____ on Team _____

RELEASE: *The undersigned does hereby release and agree to indemnify and hold harmless Miracle League of Des Moines Kiwanis and 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/his/her activities in connection with participation as a volunteer in Miracle League baseball or participation of any family member or guest of the undersigned.*

I assume all risks and hazards incidental to such participation in 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/he/she should suffer an injury during sanctioned games and activities.

MEDIA: *Further I/We understand that there will be media and promotional coverage of Miracle League Games and activities and I/We give our consent to publish my picture for such purposes. I hereby grant the Miracle League of Des Moines Kiwanis, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my/our name, voice, likeness, or any other identifiable representation of myself, my family members present. 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/we agree that all material containing 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 Des Moines Kiwanis. I hereby release and forever discharge the Miracle League of Des Moines Kiwanis from any and all liability and damages relating to my/our name, voice, likeness or any identifiable representation of me/us. I/we hereby waive any right I/we may have to inspect or approve the finished materials or any part or element thereof that incorporates my name, voice, likeness or any other identifiable representation of myself or my family. I/we have agreed to the above in consideration of the opportunity given to me/us by the Miracle League of Des Moines Kiwanis to appear in these materials.*

Adult (Parent/Guardian Signature for Under 18) _____ Date _____

**COACHES & ASSISTANT COACHES MUST COMPLETE A CLEAR BACKGROUND CHECK.
OTHER VOLUNTEERS MAY BE SUBJECT TO BACKGROUND CHECKS.**

Please return this completed & signed form to: JAN BURCH

E-mail: burchhr@aol.com
Phone: 515-457-7691
Web site: www.kiwanismiracleleague.org

U.S. Mail: Jan Burch, Volunteer Coordinator
Kiwanis Miracle League
505 5th Ave, St 302 Des Moines Iowa 50309