



# MIRACLE LEAGUE OF DES MOINES KIWANIS



## 2023 VOLUNTEER REGISTRATION AND RELEASE AND WAIVER OF LIABILITY FORM

PLEASE PRINT ALL INFORMATION

NAME: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

STREET/CITY/STATE/ZIP: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I WANT TO VOLUNTEER AS: Coach  Assistant Coach  Buddy  Other Volunteer

NOTE: Buddies must be 12 or older or be a sibling of the player.

I WANT TO BE A BUDDY FOR: \_\_\_\_\_ on \_\_\_\_\_ Team

### RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") is executed by the above named adult or the parent/legal guardian on behalf of the above named minor (the "Volunteer"). The Volunteer desires to perform services as a volunteer for Miracle League of Des Moines Kiwanis and engage in activities as a volunteer related to the operation of Miracle League baseball (the "Activities"). The Volunteer hereby freely, voluntarily and without duress executes the Release set forth below containing the following terms:

**Release and Waiver.** The Volunteer hereby releases, forever discharges, covenants not to sue and holds harmless Miracle League of Des Moines Kiwanis and its officers, directors, employees, representatives, volunteers and agents (collectively the "Released Parties") from any and all liability, claims and demands of whatever kind and nature, either in law or in equity and whether the result of negligence or any other cause, arising from, or in any way related to, the Activities.

The Volunteer understands that this Release discharges the Released Parties from any and all liability or claim that the Volunteer or the Volunteer's heirs, successors, assigns, next of kin or legal representatives may have against the Released Parties with respect to bodily injury, personal injury, illness (including, but not limited to, COVID-19, MRSA, influenza, and other infectious or communicable diseases), death, or property damage that may result from the Activities.

**Assumption of Risk.** The Volunteer understands that by this Release, Volunteer knowingly assumes the risk of injury, harm and loss associated with the Activities. The Volunteer further understands that the Miracle League of Des Moines Kiwanis does not assume any responsibility for, or obligation to provide, financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness, and that Miracle League of Des Moines Kiwanis does not carry or maintain medical, health or disability coverage for any volunteer. The Volunteer is expected and encouraged to obtain his or her own such coverage.

**Medical Treatment.** The Volunteer consents to any first aid, treatment or other medical service rendered in connection with the Activities. The Volunteer further releases, forever discharges, covenants not to sue and holds harmless the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any such medical service rendered in connection with the Activities that the Volunteer or Volunteer's heirs, successors, assigns, next of kin or legal representatives may have or which may hereafter accrue.

**Media Release.** The Volunteer does hereby grant and convey unto Miracle League of Des Moines Kiwanis, its affiliates, franchises, advertising and promotional agencies, and their agents, all right, title and interest in any and all photographs and video or audio recordings of, or including, the image or voice of Volunteer and Volunteer's minor children or legal wards, made by Miracle League of Des Moines Kiwanis, including its agents and representatives, during the Activities. This Media Release includes, but is not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

**Other.** The Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Iowa and that this Release shall be governed by and interpreted in accordance with the laws of the State of Iowa. The Volunteer further agrees that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable.

ADULT SIGNATURE (Parent/Guardian if under 18): \_\_\_\_\_ DATE: \_\_\_\_\_

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

Please return this completed & signed form to:

Email: [burchhr@aol.com](mailto:burchhr@aol.com)

Phone: 515.280.5017

Web site: [www.kiwanismiracleleague.org](http://www.kiwanismiracleleague.org)

U.S. Mail: Jan Burch, Volunteer Coordinator

**Kiwanis** Miracle League

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