



2024 VOLUNTEER REGISTRATION

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.

2024 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, COVID-19 related illness, 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.

2024 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 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

Phone: 515.280.5017

Web site: <https://kiwanismiracleleague.org>

U.S. Mail: Jan Burch, Volunteer Coordinator

Kiwanis Miracle League

3775 EP True Parkway, #163 West Des Moines, IA 50265