



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 live streaming of games, including downloading such live streamed games for future viewing on the internet, may occur, and that other video and/or audio recordings as well as photographs may be made, in connection with the Activities. The Volunteer also understands that Volunteer and Volunteer's minor children or legal wards may be included in such live streaming, other video and/or audio recordings and photographs. 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 live streaming, other video and/or audio recordings and photographs 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 live streaming, other video and/or audio recordings and photographs for any purpose and to any royalties, proceeds or other benefits derived from them.*

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