



Please send to:
Miracle League of MA
PO Box 524
Acton, MA 01720

VOLUNTEER AGREEMENT

Volunteer's Name		Parent/Guardian's name (if under 18)	
Street Address	City	State	Zip Code
Home phone		Email address	
Emergency contact		Emergency phone number	

Are you 18 years or older? Y / N

If no, please list age: _____ If yes, date of birth _____
Information for CORI check

T-shirt size (please circle one): Youth L Adult S Adult M Adult L Adult XL Adult XXL

Please circle the days you can volunteer (all dates are Saturdays):

September 10th September 17th September 24th October 1st
October 8th October 15th October 22nd (rain make-up date, if needed)

Number of games you'd be willing to volunteer at on available days (1, 2 or 3): _____

Preferred game times (9:00, 10:30, and/or 11:45): _____

Where you heard about us: _____

Please sign applicable form below (you should only sign one page)

For Volunteers Under the Age of 18

Media Release Agreement

Name of volunteer: _____

I hereby grant the Miracle League of Massachusetts, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself and my family members including my Miracle League volunteer. 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 agree that all material containing any identifiable representation of me or my dependent (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 Massachusetts. I hereby release and forever discharge the Miracle League from any and all liability and damages relating to the use of my dependent's name, voice, likeness or any other identifiable representation of me. I have agreed to the above in consideration of the opportunity given to my dependent by The Miracle League of Massachusetts to appear in these materials.

Dated: _____ Parent/Guardian Signature: _____

Release and Indemnification Agreement

Name of volunteer: _____

We, the undersigned, are the parents or guardians of the above named participant. In consideration for the Miracle League of Massachusetts ("MLM") providing the opportunity for our child to participate in MLM baseball, we hereby release MLM from any and all claims, damage, or injury that we may suffer as a result of our dependent's participation in MLM baseball. In addition, we hereby agree to indemnify, defend and hold MLM and its officers, directors, volunteers, agents, contractors, supporters, or any other person associated with MLM harmless from any and all claims for loss, damage (including attorney's fees and costs, including, but not limited to experts and consultants' fees), liability, death or injury to the person or property arising from or related to our dependent's participation in MLM baseball, including, but not limited to, claims by our dependent against MLM.

We assume all risks and hazards involved in, or incidental to, our dependent's participation in MLM games and activities and hereby consent to having our dependent receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician in the event that our dependent suffers any injury during Miracle League games or activities.

Dated: _____ Parent/Guardian Signature: _____

For Volunteers Over the Age of 18

Media Release Agreement

Name of volunteer: _____

I hereby grant the Miracle League of Massachusetts, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself and my family members including my Miracle League volunteer. 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 agree that all material containing any identifiable representation of me or my dependent (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 Massachusetts. I hereby release and forever discharge the Miracle League from any and all liability and damages relating to the use of my dependent's name, voice, likeness or any other identifiable representation of me. I have agreed to the above in consideration of the opportunity given to my dependent by The Miracle League of Massachusetts to appear in these materials. I certify that I am at least 18 years of age.

Dated: _____ Volunteers' Signature: _____

Release and Indemnification Agreement

Name of volunteer: _____

I hereby certify that I am over the age of 18 years old. In consideration for the Miracle League of Massachusetts, Inc. ("MLM") providing me the opportunity to participate in MLM baseball, I hereby release MLM from any claims that I may have now or in the future, or damage of injury that I may suffer as a result of my participation in MLM baseball. In addition, I agree to indemnify, defend and hold MLM and its officers, directors, volunteers, agents, contractors, supporters and any other person associated with MLM harmless from all claims for loss, damage (including attorneys fees and costs, including, but not limited to, experts and consultants fees), liability, death or injury to the person or property arising from or related to my participation in MLM baseball.

I assume all risks and hazards involved in, or incidental to, my participation in MLM games and activities and hereby consent to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician in the event of any injury during MLM games or activities.

Dated: _____ Signature: _____

CORI Background Check Acknowledgment

I acknowledge that MLM will perform a CORI background check conducted by the Department of Criminal Justice Information Services before I am allowed to volunteer at a MLM baseball game.

Dated: _____ Signature: _____