



VOLUNTEER AGREEMENT

I, _____ agree that as a volunteer, it is my job to support the mission and purposes of this organization.

Please circle the days you can volunteer:

Saturday, Sept 18

Saturday, Sept 25

Saturday, Oct. 2

Saturday, Oct. 9

Saturday, Oct. 16

Saturday, Oct. 23

My specific duties will include acting as a buddy to a Miracle League player. I will report to the front table to sign in before each game and arrive at least 15 minutes prior to the time designated for my volunteer time.

I will comply with the rules set forth by the Miracle League:

- Safety First; Playing Baseball and Having Fun Second; Encouragement Third.
- To protect the Miracle League player at all times.
- Always allow the Miracle League Player as much freedom to play his/her own game as possible. Assist Miracle League Player according to their needs.
- Be of good spirit, enthusiasm, attitude and concern in motivating the players and their families. Become their friend; Get to know the players and their families.

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. 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 (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. I hereby release and forever discharge the Miracle League from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element there of that incorporates my name, voice, likeness or any other identifiable representation of myself. I have agreed to the above in consideration of the opportunity given to me by The Miracle League of Massachusetts to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian. I do hereby release the Miracle League of Massachusetts of any liability for injury that may occur while participating as a volunteer or spectator during the season.

VOLUNTEER SIGNATURE: _____

PARENT SIGNATURE (if under 18): _____

Volunteer Name: _____ Age: _____

Volunteer Address and Town: _____

Telephone Number(s): _____ Email: _____

Person to Call in Event of Emergency: _____ Phone _____

Doctor: _____ Phone: _____

Please send to:

Miracle League of Massachusetts
P.O. Box 524
Acton, MA 01720

T-shirt size (please circle one):

Child size M L
Adult size S M L XL XXL
or Don't need a new one this season