



GROUP REGISTRATION FORM

The Miracle League of the Triangle
P.O. Box 4193, Cary, NC 27519
(919) 238-0333
www.miracleleagueofthetriangle.com

Your Organization _____ **Date** _____

Volunteer Name _____ **M/F** _____ **Birth Date** _____ **Age** _____
(One person per form) (All volunteers must be 12 yrs. or older)

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

E-mail Address _____

Emergency Contact and Phone _____

In consideration of being allowed to participate in any way in The Miracle League of the Triangle, Inc. programs, games, practices, events or activities, I understand, acknowledge and agree to the following: I hereby for myself and my family waive, release, absolve and indemnify, and agree to hold harmless The Miracle League of the Triangle, Inc., the Wake County Public School System, Kerr YMCA, YMCA of the Triangle, The Housing Authority of the City of Durham and their officers, directors, employees, sponsors, organizers, agents, insurers, participants and volunteers from any claim arising out of any injury or death to me or any member of my family, property damage, theft, or actions of any kind whether the result of negligence or any other cause to the fullest extent of the law. I, on behalf of myself and my family, assume all risks and hazards incidental to such participation in The Miracle League of the Triangle, Inc. games, practices, and activities and consent for me and my family to receive first aid and/or emergency care in the event either I or any member of my family suffer an injury or loss during its games, practices and activities. I understand and acknowledge that the risk of injury or death to me or any other family member participating in the games, practices and activities exists and could be significant. I understand that there will be media and promotional coverage of The Miracle League of the Triangle, Inc. games and activities and I give my consent on behalf of myself and my family to publish any of our names and pictures for such purposes. If the participant is a minor, I hereby represent that I am the parent of the participant and have consented to his or her participation and, on behalf of my child participating and my family, I hereby agree to the terms of this waiver and release of liability set forth above.

Volunteer Name (Print Name)

Volunteer (Signature)/Date

Under 18: Parent/Guardian (Print Name)

Under 18: Parent/Guardian (Signature)/Date