

**MIRACLE LEAGUE OF SAN ANTONIO, INC.
FALL 2009 REGISTRATION**

VOLUNTEERS / BUDDIES

Please mail or fax this form back to:

Miracle League of San Antonio
926 Chulie Drive
San Antonio, Texas 78216
210-225-2300 Fax number

For additional information please visit our website at www.miracleleagueofsanantonio.com or call (210) 225-6666.

Have you been a Miracle League Buddy before? Yes No. If yes, for what player? _____

Name Home Phone

Street Address City State Zip Code

Cell Number E-mail Work or Contact Number

Age _____ Past Experience with special needs kids? _____

Relative of Special Needs Child participating in our League? _____ If yes, who is the child? _____

Shirt Size: Youth S M L XL Adult S M L XL XXL (please circle one)

I give authorization for my child _____ to participate in The San Antonio Miracle League, and do hereby release of any liability for injury that may occur while participating as a player or spectator during the season.

I hereby grant the Miracle League of San Antonio, 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. These materials may appear in any form, style, color or medium whatsoever (including, without limitations 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 Association. **I hereby** release and forever discharge the Miracle League Association 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 thereof that incorporates my name, voice, likeness or any other identifiable representation of myself and my family. **I have agreed** to the above in consideration of the opportunity given to me by The Miracle League of San Antonio 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.

Name Signature

Signature of Parent or Guardian Minor's DOB

Name of Parent or Guardian (please print)