



Buddy Under 18 Years Old Release Form

2022

Buddy Name _____

Buddy Address _____

Buddy Phone # _____

Buddy Email _____

In consideration for The Miracle League of Parker County providing the opportunity for my child to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless The Miracle League of Parker County, its staff, officers and directors from any and all claims for personal injury, death, property damage, or any type of claim or damage (including but not limited to attorney's fees or litigation expenses) resulting from my child's activities in connection with participation in Miracle League baseball or the participation of any family member or guest of the unsigned. I consent for my child to receive first aid and or emergency medical care in the event of an injury.

I/We understand that there will be media and promotional coverage of The Miracle League of Parker County games and activities and I/We give our consent to publish my/our child's name and picture for such purposes.

Parent/Guardian Signature

Date Signed

Please sign and return to:

James Gray

Executive Director

(817)614-6261

James.grayy31@gmail.com