



Buddy Registration Form 2026 Fall Season

Group Name _____ Date of Participation ____/____/____

Your Name _____ DOB ____/____/____ Age ____

Mailing Address Street _____ city _____ zip _____

Cell Number _____ Email address _____

Emergency contact:

Name _____ Contact Phone _____

Release Form

I give authorization for the above listed person to participate in the Carolina Miracle League. I know that participation in baseball may result in serious injuries and that there are numerous risks for injuries to players and even potentially to spectators, nonetheless I hereby waive, release, absolve, indemnify, and agree to hold harmless the Carolina Miracle League, the County of Spartanburg, South Carolina, and their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers from any claim arising out of any injury to my child or me whether the result of negligence or of any other cause.

Participation includes possible exposure to and illness from infection diseases, including but not limited to MRSA, influenza, and COVID-19. While rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks; both known and unknown.

I hereby grant the Carolina Miracle League, its affiliates, franchises, and 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, my family members including my Carolina Miracle League player. 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 photographs, files, prints, or tapes) shall be and remain the sole and exclusive property of the Carolina Miracle League. I hereby release and forever discharge the Carolina 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 thereof that incorporates my name, voice, likeness, or any other identifiable representations of myself, my family including my Carolina Miracle League player.

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.

Signature of buddy _____

Signature of parent or legal guardian (if under 18 years of age) _____

Date _____

Carolina Miracle League
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