



## Miracle League of the Triangle PARTICIPANT REGISTRATION/WAIVER

### Health Precautions:

Our top priority is the health, safety, and well-being of our participants. To minimize the spread of COVID-19, the Miracle League will follow the recommendations of the CDC and the NC Department of Health and Human Services to determine any necessary precautions and ensure a safe and fun environment. Our policies surrounding Health Precautions could change if the pandemic should escalate or decrease. **Face masks/coverings** are optional, pending any restriction by city or state.

**All participants should self-assess** using the guide below prior to arriving at any ball field. **Please stay home if you:**

- Have been diagnosed with or exposed to COVID-19 within the last 5 days or been instructed to quarantine.
- Are newly experiencing any of the following: Fever of 100.4° or higher, sore throat, cough, shortness of breath or difficulty breathing, loss of taste or smell, diarrhea or vomiting, severe headache.

### Liability:

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, Capitol Broadcasting, The Durham Bulls, Durham Housing Authority and their officers, directors, employees, sponsors, organizers, agents, insurers, participants and volunteers from any claim arising out of any injury, illness 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, acknowledge, and agree that there will be media and promotional coverage, including social media coverage, of The Miracle League of the Triangle, Inc. games and activities, and that there will be photographs and video recordings taken of participants and spectators, and I give my consent on behalf of myself and my family to publish any of our names and pictures for media and promotional 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.

PLEASE PRINT LEGIBLY

<b>Group/Team/Organization:</b>		<b>Date of Shift:</b>	
<b>Volunteer Name:</b>		<b>Volunteer Signature:</b>	
<b>UNDER 18? Parent/Guardian:</b>		<b>UNDER 18? Parent/Guardian Signature:</b>	
<b>Age</b>	<b>Birth</b>	<b>Male/Female</b>	
<b>Phone</b>		<b>Email</b>	
<b>Address (Street, City, State, Zip):</b>			