



Beautiful People
 Enable Joy • Inspire Hope • Fulfill Dreams

Adaptive Sports for Children with Disabilities

FALL 2010 BASEBALL VOLUNTEER REGISTRATION FORM

Please print

Name: _____ Age: _____ Date of Birth _____
 (Required)

Mailing Address: _____

Phone: Home _____ Other _____

E-mail Address _____

Please CIRCLE the dates that you are available to volunteer with Miracle Baseball:

9/12 9/19 9/26 10/3 10/10 Autism Move-a-thon 10/17 10/24

I am interested in participating as:

Coach _____ Assistant Coach _____ Youth Buddy (must be at least 12 years old) _____

Adult Buddy _____ Team Mom/Dad _____ Umpire _____ Set-up _____

Event Planning _____ Fundraiser _____ League Tasks _____ Other _____

Experience not required, however I have _____ years experience with:

Youth sports: _____ Baseball: _____ People with disabilities: _____ Volunteer Organizations: _____

Other special qualifications or certifications _____

Shirt size: Circle ADULT S M L XL XXL (Tee shirt provided)

How did you hear about us? _____

Returning volunteer from Spring 2010? _____ (No new release form is needed.)

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(If under 18 years if age)

Fax 845-988-5005 or mail form to Beautiful People 13 First Street, Warwick, NY 10990
 Questions? Call Jan 845-986-5944 or email jbrunkhorst@beautiful-people.us

Office Use Only

Date received: _____ Signed Liability Release: _____



Adaptive Sports for Children with Disabilities

2010 ADULT VOLUNTEER RELEASE FORM

Volunteer's Name _____ Phone _____

Address _____

In consideration for You Are Beautiful People, Inc (Beautiful People), providing the opportunity for me to participate in Beautiful People sports and events, the undersigned does hereby release and agree to indemnify and hold harmless You Are Beautiful People, Inc, its 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 activities in connection with participation in You Are Beautiful People, Inc or the participation of any family member or guest of the undersigned. I consent to receive first aid and/or emergency medical care in the event of an injury.

I/We assume all risks and hazards incidental to such participation in Beautiful People games and activities and consent to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event I suffer an injury during sanctioned games and activities.

Adult Volunteer Signature _____ Date _____

I understand that there will be media and promotional coverage of You Are Beautiful People, Inc games and activities and I give my consent to publish my name and picture for such purposes. I hereby grant the You Are Beautiful People, Inc, 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 limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media). I agree that all material containing 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 You Are Beautiful People, Inc. I hereby release and forever discharge You are Beautiful People, Inc from any and all liability and damages relating to my name, voice, likeness or any 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 You Are Beautiful People, Inc to appear in these materials.

Adult Volunteer Signature _____ Date _____



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Adaptive Sports for Children with Disabilities

**2010 YOUTH VOLUNTEER RELEASE FORM
 (under 18 years old)**

Volunteer's Name _____ Age _____

Address _____ Phone _____

In consideration for You Are Beautiful People, Inc (Beautiful People), providing the opportunity for my child to participate in Beautiful People sports and events, the undersigned does hereby release and agree to indemnify and hold harmless You Are Beautiful People, Inc, its 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 You Are Beautiful People, Inc or the participation of any family member or guest of the undersigned. I consent for my child to receive first aid and/or emergency medical care in the event of an injury.

I/We assume all risks and hazards incidental to such participation in You Are Beautiful People, Inc games and activities and consent for my child to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event my child suffers an injury during sanctioned games and activities.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I understand that there will be media and promotional coverage of You Are Beautiful People, Inc games and activities and I give my consent to publish my/our child's name and picture for such purposes. I hereby grant You are Beautiful People, Inc, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my/our child's name, voice, likeness or any other identifiable representation of myself and my family members, including my child. 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 identifiable representation of my child, or 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 You are Beautiful People, Inc. I hereby release and forever discharge The You are Beautiful People, Inc from any and all liability and damages relating to my child's name, voice, likeness or any 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 my child, myself and my family. I have agreed to the above in consideration of the opportunity given to me by the You are Beautiful People, Inc to appear in these materials.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____