



Beautiful People

Adaptive Sports for Children with Disabilities

Youth Buddy Volunteer Registration 2018

Volunteers must be 12 years old with parent's signature to participate

Please check all that apply:

- Basketball
- Baseball
- Soccer
- Other

Please Print Clearly Questions? Buddy Volunteer Leader- Heidi Carson momcarson24@gmail.com

Last Name _____ First Name _____ Home Phone _____

Street Address _____ City _____ State _____ Zip _____

Cell _____ E-mail Address _____

M/F _____ Birthdate _____ Age _____ Driver's License # _____

Parent(s)/Guardian Name(s) _____

Shirt Size (Please circle) Youth S M L _____ Adult: S M L XL XXL _____ (Suggested Donation is \$10.00)

Years of experience: Baseball _____ Basketball _____ Soccer _____ Other _____ Volunteering _____

Other special qualifications or certifications _____

Experience with people w/disabilities: _____

In consideration for You Are Beautiful People, Inc. 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 the You Are Beautiful People, Inc. and 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 to receive first aid and/or emergency medical care in the event of an injury.

I hereby grant Beautiful People, 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, my family members including my player/child. These materials may appear in any form, style color or medium whatsoever (including, without limitation, photographs, videotapes, 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 Beautiful People. **I hereby** release and forever discharge the Beautiful People 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, my family including my player/child. **I have agreed** to the above in consideration of the opportunity given to me by Beautiful People, 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.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (please print) _____

RETURN BY MAIL TO 28 Church St, 2A WARWICK, NY 10990 OR fax 845-986-3351 Questions? 845-986-5944 janb@beautiful-people.us

Office Use Only: Notes _____ Check _____ Date _____