



Catch 22 Miracle League of Chesterfield Missouri
2019 Spring and Fall Sessions

Field Participant and Volunteer Form

Participant's Full Name:	
Parent's Name: (if participant/volunteer is under 21) :	
Address:	
City, State, Zip:	
Phone Number:	
Email Address:	
Participant's Date of Birth:	

Medical Release

In consideration for being able to participate in the Catch 22 Miracle League of Chesterfield Missouri, starting on April __, 2019 at the Miracle Field in Chesterfield, you, the undersigned, agree to release, waive, discharge and covenant not to sue the Catch 22 Miracle League of Chesterfield Missouri and their volunteer workers, Chesterfield Athletic Association of Chesterfield, MO and their employees from any and all liability for any and all loss or damage, and any and all claims or demands on account of injury to the person or property or resulting in death of the undersigned or issue of the undersigned arising or related to the event, whether caused by the negligence of releasees or otherwise.

Media Release

You also agree to allow the Catch 22 Miracle League of Chesterfield Missouri to use your images, likenesses and the information from this form on internet websites or any resulting publications, television programs, video or any event publicity. You also agree that you, the undersigned, will not receive remuneration for the use of your image, likeness or information by the Catch 22 Miracle League of Chesterfield Missouri and that all rights, title and interest to the photos and videos of the undersigned's image likeness or information and use of the them belongs to the Catch 22 Miracle League of Chesterfield Missouri.

Signature: _____