

# MIRACLE LEAGUE OF CENTRAL ILLINOIS

## RISK ASSESSMENT WAIVER 2021

Miracle League of Central Illinois retains the right to make the final determination regarding any participants involvement in an event conducted by our organization.

I have read all of this agreement or have had it read to me and agree to the follow these actions.

**PARTICIPANT'S FULL NAME** \_\_\_\_\_

**Circle One:**      **Player**              **Coach**              **Buddy**              **Volunteer**  
**Family/Caregiver**

**\*Verbal or phone consents will not be accepted**

**PARTICIPANT SIGNATURE** (REQUIRED FOR ADULT (AGE 18+) PLAYERS WITH THE CAPACITY TO SIGN UNDERSTAND AND SIGN DOCUMENTS)

By signing this, I acknowledge that I have completely read and fully understand the information in this form.

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** (REQUIRED FOR A PARTICIPANT WHO IS A MINOR(YOUNGER THAN 18) OR LACKS CAPACITY TO SIGN DOCUMENTS)

I am a parent or guardian of the participant named above. I have read and understand this form and have explained the contents to the participant as appropriate. By signing, I agree to this form on my behalf and on behalf of the participant.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Thank you