



HARTFORD COUNCIL FOR RECREATION
PO BOX 332, HARTFORD, MI 49057
www.hartfordrecreation.org

2022 Hartford League of Miracles Signup Form

Participant's Name:		Male or Female (Circle)						
Date of Birth:	Current Age:	Grade at Signup:						
Primary Email Address:								
Mother's Full Name:		Phone #:						
Father's Full Name:		Phone #:						
Street Address:		Emergency Phone #:						
City:	State:	Zip Code:						
We Live in: City of Hartford or Hartford Township or Other -								
Medical Information								
Primary Care Physician:		Phone #:						
Special Needs Requirements: Wheelchair or Walker or Other -								
Medical Release								
I give permission for my child to receive emergency treatment administered by trained personnel when deemed necessary.								
Signature of Parent or Guardian:		Date:						
Medical Background Check								
Diagnosis and Current Prescriptions / Medications on file?	Yes	No	If not, please list:					
T-Shirt Size								
Circle One:	Child SM	Child MED	Child LRG	Adult SM	Adult MED	Adult LRG	Adult XL	Adult XXL
DISCLAIMER								
<p>By signing below, the parent or guardian is agreeing to the following:</p> <p>You are authorizing your child to participate in the Hartford League of Miracles. You also understand that participation in these sports may result in serious injuries, and protective equipment does not prevent all injuries to players. You do hereby waive, release, absolve, indemnify, and agree to hold harmless the Hartford League of Miracles, and the organizers, sponsors, agents, insurers, supervisors, participants, and volunteers from any claim arising out of any injury to your child whether the result of negligence or for any other cause.</p> <p>I hereby grant the Hartford League of Miracles, its affiliates, franchises, advertising, and promotional agencies, and their agents the irrevocable unrestricted right to use, publish, display and distribute materials bearing your name, voice, likeness or any other identifiable representation of yourself, your family members including your League of Miracles player / 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). You agree that all material containing any identifiable representation of you (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 Hartford League of Miracles. You hereby release and forever discharge the Hartford League of Miracles from all liability and damages relating to the use of your name, voice, likeness or any other identifiable representation of you. You hereby waive any right you may have to inspect or approve the finished materials or any part of element thereof that incorporate your name, voice, likeness or any other identifiable representation of you. I hereby waive any right you may have to inspect or approve the finished materials or any part of element thereof that incorporate your name, voice, likeness or any other identifiable representation of yourself and your family, including your Hartford League of Miracles player / child.</p> <p>By signing below, you acknowledge that you have fully read and understand this document and that you have had any questions regarding its effect, or the meaning of its terms answered to your satisfaction. You certify that you are at least 18 years of age, unless this document is also signed by your parent or legal guardian.</p>								
Signature of Parent or Guardian:					Date:			