

Miracle League of Green Bay



Grandparent Proxy Release
In Substitution for a Parent/Guardian

A Parent/Guardian is required to be present at all games and activities of the Miracle League of Green Bay with the expectation that the Parent/Guardian is there to manage their child’s specific needs. An exception will be granted to a Grandparent, and Grandparent only, where the Parent/Guardian attests, by signing the proxy statement below, that the Grandparent has the same knowledge and awareness as the Parent/Guardian of that child’s specific needs and agrees to have any and all medications on-hand for that child, is solely responsible for dispensing any such medication with the same knowledge as the Parent/Guardian, and who will be there to aid in the case of an injury, having the same decision-making authority of the Parent/Guardian with regard to treatment.

Grandparent Proxy

Player’s Name _____ Grandparent’s Name _____

In consideration for the Miracle League of Green Bay providing an opportunity for my child to participate in Miracle League baseball, the undersigned does hereby release and agree to indemnify and hold harmless the Miracle League of Green Bay 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 Miracle League baseball or participation of any family member or guest of the undersigned.

I/We agreed, by accepting the conditions on the release form filled out at the time of my child’s registration, to be present at all of my child’s games and activities. If I am unable to be present, I/We authorize the Grandparent, whose name is noted above, to act in my stead with respect to the requirements expected of Me/Us as Parent/Guardians. I/We attest that the Grandparent whose name is specified has the same knowledge as Me/Us of my child’s specific needs and agrees to have all medications on-hand as required for that child, and will be solely responsible for dispensing any such medications (prescription and non-prescription) with the same knowledge as I/We. In the event of injury to my child this Grandparent has my proxy to make decisions on my behalf with respect to treatment.

I/We understand that if my child is not able to attend a Miracle League activity accompanied by Me/Us as Parents/Guardians OR the Grandparent for whom I/We have authorized by signing this proxy, that my child will not be brought to participate in that game or activity. I also understand that all other terms and conditions agreed to at the time of my child’s registration to play Miracle League (i.e. with respect to media) still apply.

Parent / Guardian _____ Date _____
(Circle One) (Signed)

Return signed copy to: Paul Liegeois, Founder/Executive Director