

## Little League Baseball®, Incorporated 2021 Form Release and Waiver

## **ALL PLAYERS AND PARTICIPANTS UNDER 18**

This section to be completed by the <u>parent or guardian of a minor</u>, if minor is under the age of 18 years

(Full Name of Parent or Guo	
	rdian)
ot(Address, City, State and Zip	Code)
the Parent Guardian of	
(E-mail)	(Phone)
hereby irrevocably consent, grant, license and give my permission to Little League Baseball, Intheir employees, officers, directors and agents or contractors), and any third party which LLE limited to, ESPN entities, Major League Baseball and their affiliated entities, and any and all license, to use, exploit, adapt, modify, sell, sublicense, reproduce, record, photograph, digitize works, throughout the world in any and all forms whether now known or later developed, the any and all commercial exploits or ventures, promotional materials or announcements, publicate medium now known or hereafter developed ("Work(s)"), in perpetuity throughout the universe that neither the above listed minor nor I will receive any compensation whatsoever if such image proceeds of any utilized Work. I acknowledge and agree that any use of such image, name, we perpetuity. In addition, I acknowledge and agree that LLB may, without my permission or advantilikeness, persona or resulting Work to any third party which LLB determines in its sole discretion to programs, and/or services to you or anyone else.	determines in its sole discretion to be appropriate including, but not ponsors and/or licensees of LLB a royalty free, irrevocable right and e, distribute, publicly display, publicly perform, and create derivative image, name, voice, likeness or persona of the above listed minor in ions, media releases, or advertisements, electronic or otherwise in any and waive any and all rights to the same. I acknowledge and agree e, name, voice, likeness or persona appears in any Works, or from any ice, likeness, persona, or resulting Work is solely the property of LLB in the notice to me, supply such image, name, personal information, voice,
(Signature of Parent or Guardian)	(Date)
(Signature of Farein of Coaldan)	(Duie)
l,(Full Name of Participa	t)
(Address, City, State and Zip	
Madress, City, State and Zip	Code)
	Code) (Phone)
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