

# AIR POWER GAMES® VOLUNTEER REGISTRATION FORM

**Please complete and return the registration form to the CHOC Breathmobile™ office by Saturday, April 3, 2009 to ensure that you will be participating.**

**A parent/guardian must accompany volunteers under the age of 18 to the event.**

**CHOC Breathmobile, Attn: Christina Bernal, 455 South Main Street, Orange, CA 92868**

Name: \_\_\_\_\_

Parent's/Guardian's Name (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Sex (circle one) M F

T-shirt Size (circle one) XS S M L XL XXL

I would like to volunteer for the following position: (please mark 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Choice)

\_\_\_\_ Team Leader Young Children

\_\_\_\_ Registration Booth (AM only)

\_\_\_\_ Awards & Raffles

\_\_\_\_ Volunteer Assistance

\_\_\_\_ Team Leader Older Children

\_\_\_\_ Track Event \_\_\_\_\_

I, \_\_\_\_\_, hereby grant to Children's Hospital of Orange County, Santa Ana College and the Asthma & Allergy Foundation of America, its constituents and affiliates permission to use my name or my dependent's name, voice, statements, photographs and other reproductions and likenesses. I understand that the above will be used in activities and publications of CHOC Children's, Santa Ana College and the Asthma & Allergy Foundation of America, its constituents and affiliates and consent there to.

## Waiver and Release of Liability for Injury

By volunteering at the Air Power Games®, I understand and acknowledge that I assume all risk of any kind of injury that I may receive or sustain as a result of participating in the Air Power Games®. Accordingly, by signing below, I understand that I hereby completely release Children's Hospital of Orange County, the Asthma & Allergy Foundation of America – Southern California Chapter, the state of California, The Trustees of Santa Ana College, and each of their agents, representatives and employees, from liability or responsibility for any and all claims, damages, injuries, losses or causes of action that may result from or arise out of my participation in the Air Power Games®.

I consent to being photographed, videotaped or interviewed for the purpose of recording the Air Power Games® experience and understand that this may be used for publicity, fundraising or other purposes.

**I consent to being screened on the Megan's Law Website and that if found to be a registered sex offender I understand that I will not be permitted or assigned to participate in the Air Power Games® program in any capacity.**

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature if Needed