



CHARITY SOCCER TOURNAMENT & FESTIVAL
WESTVIEW HIGH SCHOOL, SAN DIEGO JUNE 5 & JUNE 6, 2010

VOLUNTEER INTEREST FORM

Thank you for your interest in being a volunteer at Duchenne San Diego's KICK FOR A CURE 2010! We truly appreciate your support. Please complete and submit the registration form below. Our Volunteer Coordinator will review your information and contact you to confirm details. We will do our best to put you in your preferred position(s), but we cannot guarantee assignments. All assignments are made on a first come, first served basis – so please apply early! **Please PRINT CLEARLY.**

First Name: _____

Last Name: _____

E-mail: _____

Cell Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Tell us what volunteer position (s) interest you. Please see dates and times needed for positions on the Volunteer Opportunities Form.

Please check all that apply:

- Pre-event organization
- Event set-up
- Team Check-in/Registration
- Meet and Greet
- FunZone
- Information Booth Attendant
- Award Ceremony
- Field Marshall
- Event breakdown
- OTHER:(Please specify)

My 1st choice is: _____

Limitations: _____

Availability: _____

Please select your shirt size:

XS S M L

XL XXL XXXL

CONSENT & WAIVER:

I hereby declare that I am/my child is physically capable of participating as a volunteer in Kick for a Cure Soccer Tournament & Festival.

I, the undersigned, do fully understand that my/my child's participation in Kick for a Cure Charity Soccer Tournament & Festival 2010 (herein after "Event") may expose me/him/her to the risk of personal injury, death, or property damage. I hereby acknowledge that I am/my child is voluntarily participating in this Event and agree to assume any such risks.

I hereby release, indemnify, hold harmless, and agree not to sue Duchenne San Diego (DSD), Kick for a Cure (KFAC), or Poway Unified School District (PUSD), their respective officers, event organizers, volunteers, agents, contractors, and employees ("Indemnified Parties") for any death of or injury to any person, any damage to or loss of personal property, any claims, liabilities, expenses or judgments, arising out of or in connection with my participation in the Event from whatever cause, excepting only those damages, claims, liabilities, expenses or judgments arising out of the sole negligence or willful misconduct of the Indemnified Parties.

I hereby give consent to DSD, KFAC, and PUSD to take photographs, video recordings, and/or sound recordings of myself/my child for the purposes of documenting the Event. I grant permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the world wide web, or in other publications.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Signature (Parent signature needed if volunteer is under 18 years): _____

_____ Date: _____

Please email this form to roxikfac@att.net

OR call 858.688.3621

OR FAX 858.268.1832 (please call before faxing)