

**42ND INTERNATIONAL CHILDREN'S GAMES
SAN FRANCISCO 2008
JULY 10-15, 2008**

Volunteers must be 14 years of age or older by July 10, 2008

PARENTAL CONSENT VOLUNTEER RELEASE FORM

In consideration of being permitted to participate in the 42nd International Children's Games, San Francisco 2008, and in full voluntary recognition and assumption of any risk and hazard associated with my participation, I

(PRINT FULL NAME OF MINOR VOLUNTEER), for myself and my heirs, personal representatives, successors and assigns, hereby voluntarily release The International Children's Games, the San Francisco Sports Council, all International Children's Games Sponsors and Concessionaires, and each of their officers, trustees, boards, committees, employees, agents, participants and representatives, and all other entities or parties associated with the International Children's Games (collectively, the "Released Entities") from any and all claims, losses, damages and liabilities arising from death, injury, illness or damage incurred or suffered by me or any other person arising out of, relating to, or resulting from my participation in the San Francisco International Children's Games 2008 and related incidental activities including pre-event set-up and post-event tear down activities. I also approve the use of my picture, likeness or voice for promotional use, regardless of whether the picture, likeness or voice was recorded before, during or after the Event in any medium.

I also acknowledge that I have been informed that I may be required to provide a set of impressions of my fingerprints and that a criminal history records check will be performed to determine my eligibility to serve as a volunteer for the games. I acknowledge that I have received, read, and understand the "Consent for Criminal History Records Check" that accompanied this application. I understand that I may be ineligible to volunteer based on the results of the criminal history records check. I acknowledge that the scope of this Release includes any conduct by the Released Entities related in any way to the criminal history records check and its results, including any decision to deny my Volunteer Application.

Minor Applicant's Name (Print)

Minor's Date of Birth (mm/dd/yy)

Minor's Gender

Parent/ Legal Guardian's Name (Print)

Parent/ Legal Guardian's Signature

Date

This form must be completed with signature and submitted by mail or by fax to:

Volunteer Coordinator
San Francisco ICG 2008
101 The Embarcadero, Suite 212
San Francisco, CA 94105
Fax: (415)358-8100

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