

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

**(Please complete both the application and Consent for Criminal History Records check)
Volunteers must be 14 years of age or older by July 10, 2008**

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

(Please print your full name), 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.

Signature of Applicant or Guardian
(Guardian signature required for anyone under the age of 18)

/ /
Date

Volunteer Appreciation Package

- Official Volunteer Commemorative Uniform (shirt) to be worn during volunteer shift
- Meal and beverage while volunteering

***An acknowledgment confirming your acceptance will be sent upon completion of the Criminal History Records Check**

Volunteer Consent for Criminal History Records Check

I hereby give my permission to the San Francisco ICG (SFICG) and the San Francisco Sports Council ("SFSC") to obtain information relating to my criminal history record through any reporting agency that regularly performs background checks. I understand that I may be required to provide a set of my fingerprint impressions for the records check to be completed. If I am not required to provide fingerprint impressions, I understand that the records check will be conducted based on my social security number. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for a volunteer position for the SFICG. I also understand that the criminal history could contain information presumed to be expunged.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify and hold SFICG, SFSC, and the organization performing the background check and each of their respective officers, directors, employees and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, (including claims for negligence, gross negligence and/or strict liability of SFICG, SFSC and the organization performing the background check) and any and all related attorneys' fees, court costs and other expenses resulting from the investigation of my background in connection with my application to become a volunteer for the SFICG.

I further authorize SFICG and/or SFSC to check my criminal history records with any or all local, county, state and federal agencies and records departments as part of my association as a volunteer for the 42nd International Children's Games San Francisco 2008.

_____ Applicant's Signature	
_____ Applicant's Name (Print)	_____ Date
_____ Date of Birth	_____ Gender
_____ Drivers License Number/State (If applicable)	_____ Social Security Number
_____ Address	

This form must be complete with signature and submitted by mail or by fax, along with the ICG Volunteer Application, to:

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