



Application for Race on the Base City of Los Alamitos Volunteer

Date: _____

Personal Information:

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Date of Birth: _____

Cell Phone #: _____ E-Mail: _____

School Information:

School: _____ Grade: _____

Are you volunteering for school credit? Yes _____ No _____

If yes, how many hours do you need? _____ By what date do you need hours to be completed? _____

Emergency Contact(s):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Special Health Information:

Release, Waiver and Assumption of Risk

In consideration of my entry being accepted, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have hereafter accrued to me against the City of Los Alamitos, Military Department of the State of California, USA Water Polo and Los Alamitos Aquatics Foundation, and the United States of America, and all their sponsors or any other individuals, organizations or event sponsors associated with the above for any and all damages/injuries which may be sustained by me in connection with participation in and returning from the Los Alamitos Race on the Base. I further attest and verify that I am physically fit, enjoying good health and have sufficiently trained for the competition of this race. I will additionally permit the publication of my/my child's name and picture in newspapers, Web sites and/or brochures related to this event.

Printed Name of Volunteer

Printed Name of Parent/Guardian

Signature of Volunteer

Date

Signature of Parent/Guardian

Date