



**RACE FOR AUTISM**  
**5K SUPERHERO RUN/FAMILY FUN WALK**  
**SATURDAY, APRIL 6, 2019**  
**BALBOA PARK, SAN DIEGO**

## VOLUNTEER REGISTRATION FORM

Thank you for volunteering for the 2019 Race for Autism on Saturday, April 6<sup>th</sup> at Balboa Park! Please fill out the following information, including an email address, as this is how we will confirm your assignment and provide you with important race day details. *Volunteer positions fill quickly. Please return this form by January 31, 2019 to secure a spot.* Please fax this form to (858) 635-5721 or scan/email it to [volunteer@nfar.org](mailto:volunteer@nfar.org)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age:  18 +/adult  16-17 years of age  13-15 years of age and will be volunteering with an adult (18+)

Email Address (**REQUIRED**) \_\_\_\_\_

### ***If volunteering with a group:***

Who is your contact person(s)? \_\_\_\_\_

Name of your group (Club/School/Military/Company/etc) \_\_\_\_\_

Have you volunteered at the Race in the past? If yes, what was your assignment? \_\_\_\_\_

### **Assigned areas may include:**

- **Set Up** – Earn the respect and gratitude of our team! Help set up signs, cones, etc.
- **Informational / Directional Greeters** – Answer questions and direct participants to stations. Volunteers should be friendly and helpful.
- **Registration** – High-energy area. Volunteers should be quick, friendly and helpful at all times! *Must be at least 17 years or older.*
- **Water Station** – Distribute water or food at one of the stations. Food handlers will be required to wear plastic gloves.
- **Finish Line** – Help with timing and chute control and/or handing out medals.

**RACE RELEASE:** I understand that my consent to these provisions is given in consideration of the acceptance of this Volunteer Form and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event and I hereby release and hold harmless and covenant not to file suit against the National Foundation for Autism Research and any affiliated individuals, the San Diego Race for Autism and any affiliated individuals, the City of San Diego and all governmental agencies whose property and/or personnel are used, and all other persons or entities associated with this event from any loss, liability, damage, or claims I may have arising out of my participation in this event, including personal injury or damage suffered by me or others. I give my full permission to the National Foundation for Autism Research to use any photographs, videotapes, or other recordings of me that are made during the course of this event. I also give my full permission for first aid as deemed necessary to be provided to me on the premises or prior to transport to a hospital for further treatment.

\_\_\_\_\_  
**Signature of Participant or Guardian (must be 18 years old to sign)**

\_\_\_\_\_  
**Today's Date**