

Autism 2 Amazing Alliance

Hosted by Breaking UP Walls Volunteer Registration Form

This portion of the form to be filled out by the volunteer (please print)

VOLUNTEER'S NAME: _____ AGE: _____
CELL #() _____
MAILING ADDRESS: _____ HOME #() _____
CITY: _____ ZIP: _____ E-MAIL: _____

LIABILITY COVERAGE: Volunteers are persons doing A2A/ Breaking Up Walls, Inc. work/activities under the direction and control of A2A/ Breaking Up Walls, Inc. and are not being paid.

VEHICLE DISCLAIMER: A2A/ Breaking UP Walls, Inc. are not liable for any theft or damage to volunteer's vehicles. Liability and theft will be the sole responsibility of the volunteer.

INFORMED CONSENT AND RELEASE: I, the undersigned, in consideration of the request and permission to participate in Autism 2 Amazing Alliance, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE Autism 2 Amazing Alliance and Breaking UP Walls, Inc., its respective officers, agents and employees, past and present, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the Autism 2 Amazing Alliance and Breaking UP Walls, Inc., or its respective officers, agents or employees, past and present, by reason of any accident, illness, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity, and, understanding this, I state that to the best of my knowledge, the participant has no medical, physical, mental or emotional health condition which would hinder or prevent my active participation in the referenced activity. *PLEASE NOTE: No medical insurance or insurance coverage of any kind is provided by the Autism 2 Amazing Alliance and Breaking UP Walls, Inc., Autism 2 Amazing Alliance and Breaking UP Walls, Inc. Strongly recommends that each participant have some type of accident medical insurance for his/her own protection.*

PERMISSION FOR MEDICAL TREATMENT & TRANSPORT: I, the undersigned if over the age of 18, or parent or guardian if volunteer is under 18, hereby grant Autism 2 Amazing Alliance and Breaking UP Walls, Inc. and agents thereof, permission to summon 911 in the event that the referenced volunteer may require advanced first aid or medical treatment. I further grant permission to transport said volunteer to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat volunteer if such treatment is reasonably required. **Name of Insurance Carrier:** _____ **Policy #:** _____

PARENT OR GUARDIAN MUST SIGN IF VOLUNTEER IS UNDER 18 YEARS OF AGE.

Name _____ Signature _____ Date _____

Parent/Guardian _____ Signature _____ Date _____

STATISTICAL DATA:

Why are you attending this event? _____

What are your expectations for today? _____

How did you hear about the event? _____

How has autism impacted your life? _____

Would you be interested in volunteering for other Breaking UP Walls events? _____

Ethnicity: _____ Average household yearly income: _____ Schooling completed: _____

Please return completed form: e-mail: registration@breakingupwalls.org or fax: 602.368.8339
or mail to: 3421 E. Tierra Buena Lane, Phoenix, AZ, 85032