

**2009 CELEBRATION OF CHAMPIONS®
REGISTRATION FORM**

PLEASE NOTE: DEADLINE FOR SIGN-UP - APRIL 10th

To register for the 2009 “Celebration of Champions®,” please complete this form and return it in the enclosed envelope, **postmarked by April 10th**, to Lisa Peckham, P.O. Box 6096, San Diego, CA 92166-6096. Further information will be sent to you in early May. We look forward to your family’s participation in this celebration of our children’s spirit and determination.

Champion (Child’s) Name _____ Age _____

Diagnosis _____

Date of Diagnosis _____ Currently on treatment? _____

If not, how long has your child been off treatment? _____

Parent’s Name _____

Address _____ Apt. No. _____

City _____ Zip Code _____

Best phone number to reach you _____

Number of lunch tickets needed for immediate family (parents and siblings only) _____

NON-EMPLOYEE WAIVER OF LIABILITY, and PHOTO CONSENT

I, (print name) _____ acknowledge that I am not an employee of Rady Children’s Hospital San Diego or its affiliates, and request permission to participate in the following event/activity: “CELEBRATION OF CHAMPIONS® 2009”.
Waiver and Release: I assume any and all risks attendant to this activity, and I hereby release Rady Children’s Hospital San Diego and its affiliates, their trustees, directors, officers, employees, agents, medical staff and volunteers from and against all liability and all claims from any responsibility whatever for any injury or damages arising out of or in any way connected with my voluntary participation in the above activity. I authorize any person in charge of the activity to consent to medical and/or dental treatment for myself, at my expense.

Photo Consent: I also authorize Rady Children’s Hospital San Diego to photograph my family during “Celebration of Champions®” on May 16, 2009. I understand that these photographs/videos may be printed and displayed on the Rady Children’s Hospital campus publicly and that these photographs/videos may also be used for marketing and communications purposes. I understand I will not be compensated for use of these photographs/videos and that Rady Children’s Hospital retains exclusive right to the photographs/videos and I hereby waive all rights to the photographs/videos.

Parent signature: _____ **Date:** _____, 2009

Child’s Name: _____