

Volunteer Form

1st Annual 10K & 2 Mile Run & Community Walk

Saturday July 24, 2010

Thank you for your interest in volunteering. You will have a great time as part of the volunteer race crew and we are grateful for your willingness to support this event – which also benefits the Special Olympics Iowa.

Please print and fill in ALL information completely.

First Name _____ Middle I. ____ Last Name _____
 Address _____ City _____ State _____ Zip Code _____
 Day Phone _____ Evening Phone _____ Cell _____
 Email Address _____ Date of Birth _____

Adult T-Shirt Size: ___S ___M ___L ___XL ___Other _____

*Previous Race experience: ___Y ___N if so, please describe: _____

Please list skills/certifications: _____

Please check one or more areas of interest:

- | | | |
|---|---|--|
| <input type="checkbox"/> Course Monitor | <input type="checkbox"/> Communications | <input type="checkbox"/> Start/Finish Line |
| <input type="checkbox"/> Course Setup (day prior) | <input type="checkbox"/> Water/Aid Stations | <input type="checkbox"/> Medical/PTTents |
| <input type="checkbox"/> Registration (day prior) | <input type="checkbox"/> Awards | <input type="checkbox"/> Registration (day of) |

When available? _____

Waiver – Please read and sign below to agree to terms:

I fully understand the nature of this activity and I waive and release/hold harmless Stanton Friends, City of Stanton and any of its agents, employees, officers, council members, sponsors, and charities for any and all rights and claims for damages or cost I may have. This includes personal injury, death, or property damage suffered by me, or that I may cause to others as a result of my participation in this activity. I will additionally permit the use of my or my child(ren)'s name and image in broadcasts, radio, telecasts, videos, news coverage, web, photographic, sound, or any other digital or analog representation of myself in relation to this event. As a participating volunteer, I certify that all the information provided in this form is true and complete. I have read and clearly understand the above statement. I realize this is a contract between myself and Stanton Friends and is a release of liability. I sign it of my own free will. If under 18 years old, parent/guardian must sign.

Signature _____ Date _____
 Print Name _____

Parent/Guardian (if under 18 years of age)

Signature _____ Date _____
 Print Name _____

Please return this form to: Amy Tibben PO Box 312, Stanton, IA 51573
E-Mail (as a .pdf): jakktibben@hotmail.com

For more information, please contact at (402) 245-7851 or visit us online
www.stantonfriends.org