



TEAM OF CURES

**VOLUNTEER
REGISTRATION FORM**

PLEASE CHECK THE RACE YOU ARE VOLUNTEERING FOR
(Must be age 16 or older):

West Palm Beach San Francisco Atlanta Boston
 Dallas Tri State Chicago Twin Cities
 NY Charlotte Philadelphia Washington
 Los Angeles

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone: _____

_____ **WELCOME TEAM:** Volunteer assignments include Greeters/Traffic Flow, Participant Registration/Check-In

_____ **COURSE TEAM:** Volunteer assignments include Course Marshals, Course Hydration, Start & Finish Line

_____ **EVENT TEAM:** Volunteer Assignments include Gear Check, T-Shirts/Goodie Bag distribution, Tot Trot, Refreshments/Breakfast

_____ **FLEX TEAM:** Anywhere I'm Needed

Volunteer Waiver

Please read the following waiver and select that you agree to the conditions below.

I know that volunteering at a road race involves potential risks and that I should not volunteer unless I am medically able. I agree to abide by any decisions of race officials about my ability to safely volunteer. I agree to follow the instructions outlined by race officials regarding my volunteer assignment. I assume all risks associated with volunteering for this event including, but not limited to injuries from falls, the potential for being struck by a vehicle, windblown or collapsing scaffolding, barricades and signage, the effects of the weather, including high heat and/or humidity, high winds, lightning, and extreme cold, snow and ice, traffic and the conditions of the road, all such risks being known and appreciated by me. I further acknowledge that the organizers reserve the right to refuse or revoke my volunteering for the event for any reason. All such risks being known and having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against the applicable State and municipality, the Multiple Myeloma Research Foundation, Inc. (MMRF), Event 360 and their respective directors, officers, employees, agents and independent contractors, and all sponsors and individuals associated with the event, their representatives and successors, assignees for any and all injuries suffered by me in connection with this event, including pre and post race activities. I hereby grant permission to the MMRF and its authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including any other record of my participation in this event for any purpose. Date, time and location subject to change.

Volunteer signature* _____ Date _____

*If volunteer is under 18, parent/guardian signature _____

Please return to:

MMRF 5K Walk/Run Program | 383 Main Avenue 5th Floor | Norwalk, CT 06851 | Fax: 203-972-1259 | E-mail: aces@themmrf.org