



PLEASE JOIN US ON APRIL 17TH AS A VOLUNTEER!!!

VOLUNTEER APPLICATION

for

The 2010 Chickamauga Chase - Saturday morning, April 17th

LAST NAME _____
 FIRST NAME _____
 ADDRESS _____
 CITY _____ ST _____ ZIP _____
 Wk. Ph. _____ Home Ph. _____ Cell Ph. _____
 FAX _____ EMAIL _____

VOLUNTEER ASSIGNMENTS AVAILABLE: Please indicate your first and second choice (*check below*).

	<u>First Choice</u>	<u>Second Choice</u>
Registration / Tabulation	<input type="checkbox"/>	<input type="checkbox"/>
Water Stop	<input type="checkbox"/>	<input type="checkbox"/>
Course Sentry	<input type="checkbox"/>	<input type="checkbox"/>
Food/ Beverage Distribution	<input type="checkbox"/>	<input type="checkbox"/>
Finish Line	<input type="checkbox"/>	<input type="checkbox"/>
Fun Run	<input type="checkbox"/>	<input type="checkbox"/>
No Preference	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Waiver / Release

I understand that working at a road race as a volunteer is a potentially hazardous activity, and I should not participate unless I am physically and medically able. I agree to abide by any decision of a race official relative to my ability to safely perform my duties as a volunteer. I assume all risks associated with working at this event including but not limited to falls, contact with participants and volunteers, the effects of the weather (including high heat, humidity, rain and lightning), traffic and motor vehicles, and all such risks being known and appreciated by me. Having read this Waiver / Release and knowing these facts and in consideration of your accepting me as a willing volunteer worker, I for myself and anyone entitled to act my behalf, **waive and release** the Chattanooga Track Club, The National Park Service, the Friends of Chickamauga and Chattanooga National Military Park, and all sponsors, their representatives and successors, and all race officials including other volunteers, and all race participants from all claims or liability of any kind arising out of my participation in this event even though that liability may be the result of negligence on the part of the persons named in this Waiver / Release.

Signature _____ **Date** _____

Please return this completed form by mail or fax to the Race Director:
George Skonberg, 3535 Reflecting Drive Chattanooga, TN 37415
Fax: 423-266-7019 email: george.skonberg@ubs.com