VOLUNTEER APPLICATION

2016 Chickamauga Chase

Saturday, April 16th

First Name_____

Last Name_____

Address_____

City_____ State_____ Zip_____

Cell Phone_____ Other Phone_____

Email_____

Opportunities available with approximate volunteer hours	Please Check First & Second Choices Below First Choice	 Second Choice
Registration ~ 6 to 9 a.m.	❑	❑
Water Stop ~ 7:30 to 11 a.m.	❑	❑
Course Sentry ~ 7:30 to 11:30 a.m.	❑	❑
Refreshment Distribution ~ 8 to 11:30 a.m.	❑	❑
Finish Line ~ 8 to 11:30 a.m.	❑	❑
Kiddie K ~ 7:30 to 9:00 a.m.	❑	❑
No Preference ~ see above	❑	❑

Person or Group you are volunteering with_____

Comments_____

WAIVER/RELEASE

IMPORTANT: I know that volunteering for a road race is potentially hazardous activity, which could cause injury or death. I will not volunteer unless I am medically able, and by my signature, I certify that I am medically able to perform this event, and am in good health. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with volunteering in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed when I volunteer and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my volunteer form, I, for myself and anyone entitled to act on my behalf, waive and release the Chickamauga Chase, the Chattanooga Track Club, the cities of Chickamauga and Fort Oglethorpe, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

*Signature*_____ *Date*_____

Please complete this form and return to George Skonberg, Race Director, by mail, fax or email

Mail: George Skonberg, 3535 Reflecting Dr, Chattanooga, TN 37415

Fax: 855-379-0377

Email: george@chickamaugachase.com