



®

October 20, 2018

### VOLUNTEER SIGN-UP AND RELEASE FORM

First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code
Daytime Phone	Evening Phone	Fax	E-Mail Address
Date of Birth	if volunteering through your school/church/or employer please list that group above		

Are you a breast cancer survivor?  Yes  No    Would you share your survivor story?  Yes  No

I can volunteer (Check all that apply):  Anytime     Monday-Friday     Weekends  
 Mornings     Afternoons     Evenings

If you are already assigned to a committee – name of committee \_\_\_\_\_

If you have worked in the past – name of committee \_\_\_\_\_

You are looking for a committee to help and want to be assigned as needed \_\_\_\_\_

T-Shirt Size if working on Race Day:  Small     Medium     Large     XLarge     XXL  
( limited supply given to those registering and assigned first and will be given out on race day at volunteer registration booth)

**EDUCATION COMMITTEE OPPORTUNITIES THROUGHOUT THE YEAR:**

Speakers Bureau, Special Event Planning and Preparation, Health Fairs, or Administrative Help

<b>VOLUNTEER RELEASE FORM</b>	
I wish to volunteer for the Susan G. Komen Race for the Cure Texarkana. I understand that the nature of volunteer activities I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless, and covenant not to file suit against the Susan G. Komen Texarkana Race for the Cure and any of their employees, volunteers, partners, agents, sponsors, board members and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer. (Must be signed by parent if volunteer is under 18.)	
Print Name:	_____
Signature:	_____ Date: _____
Emergency Contact Information Name:	_____
Relationship:	_____ Phone: _____

Mail form to: Susan G. Komen Arkansas  
ATTN: VOLUNTEER COMMITTEE  
2801 Richmond Road PMB 164, Texarkana, Texas 75503  
or email: [texarkanarace@komenarkansas.org](mailto:texarkanarace@komenarkansas.org)

**ALL VOLUNTEERS MUST BE 14 YEARS OF AGE TO VOLUNTEER, ALL THOSE UNDER AGE 18 MUST BE ACCOMPANIED BY AN ADULT OR GROUP SPONSOR.**