



**Volunteer Registration & Waiver Form
2019 TBBCF Walk Across Southeastern Connecticut**

Please, complete this form, sign the waiver and return to TBBCF, PO Box 785, New London, CT 06320.

VOLUNTEER CONTACT INFORMATION

First Name: _____

Last Name: _____

Email: _____

Phone Number: _____

Address: _____

City/State/Zip: _____

How did you hear about our event? _____

VOLUNTEER INFORMATION

Gender: Male Female

Age on Day of Walk _____

Are you a breast cancer survivor? Yes No

Guardian Name (if 12-17 years old): _____

T-shirt size: S M L XL XXL XXXL

Please check the boxes that interest you from the list below in order of preference, e.g, 1, 2, 3, etc.

- Registration
 - Opening Ceremonies*
 - Food Service @Closing Ceremonies
 - Closing Ceremonies*
 - Lunch
 - Traffic and Safety**
 - 5K Support
 - Hydration ***
 - Pit Stops
 - Half and Quarter MarathonSupport
 - Cycling
 - Massage – Certificate # _____
 - Medical Services – License # _____
- Medical Dr. RN LPN EMT Paramedic

Note: *Heavy Lifting may be required; **Requires being on your feet for long periods of time and navigating/transporting oneself along the route to each location; *Includes set-up/breakdown of pit stops. Hydration may also include heavy lifting.**

Comment:

Emergency Contact Name: _____

Emergency Contact Daytime Phone # _____

Combined years as a walker/volunteer for TBBCF (incl. this year): 1 2 3 4 5 6 7 8 9 10
 11 12 13 14

Waiver Form – TBBCF Walk Across Southeastern CT

I have read, understand and agree to all conditions stated in the fundraising, registration and release of liability found in this waiver.

I hereby for myself, my heirs, and executors, waive, release and hold harmless TBBCF and all organizations and persons associated with TBBCF Walk Across Southeastern CT, including but not limited to the state, county and local municipalities wherever any part of the event takes place, sponsors and the officers, directors and shareholders and/or members agents, employees and volunteers of each, medical and other personnel assisting with the event, their representatives from any and all claims, liabilities, rights or causes of action of whatsoever kind of nature, including but not limited to those arising from negligence on the part of any of the aforementioned persons or entities, for damages for any and all injuries to me or my property, or for damage caused by me or by anyone else (including Acts of God), in connection with participating.

I agree to allow TBBCF and its contractors, vendors, agencies and sponsors to use my name, photograph and likeness for any legitimate purpose related to the advertising or promotion of the Walk. I acknowledge that dogs are not permitted. I waive all liabilities in regard to any minor accompanying me. I will be at least 12 years or older on the date the event commences. If I am 12 to 17 years of age I will be accompanied by an adult at the event. I have carefully read this Waiver and fully understand its content and am aware that this is a release of liability and I agree of my own free will.

Participant Signature / Guardian (if under 18) and Date:

Thank you for registering! Every gift is tax-deductible. Federal Tax EIN 20-4149832



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