

THE 4th ANNUAL RUN FOR ROGER

5k Run / 10k Run / 2 Mile Walk

September 28th, 2019 – Saturday 10:00 a.m.

Lackawanna River Heritage Trail, 3 West Olive St Scranton, PA

VOLUNTEER APPLICATION

(Please complete all information)

Name: _____

Address: _____

City/State/ZIP: _____

Birthdate: _____ Phone #: _____

Male/Female: _____

Emergency Contact (name, number, & relation) _____

Email Address: _____

** We are asking Volunteers for a donation of \$10, to cover the cost of a volunteer t-shirt. You can mail this form to Salisa Brown, 636 N. Sumner Ave, Scranton, PA 18504 with a check made payable to **RUN FOR ROGER**. Thank You! **

T-shirt size (circle one): S M L XL 2XL

RUN FOR ROGER

5K Run – 10K Run – 2 MILE WALK

Volunteer Liability Waiver

I understand 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 further understand that as no personal vehicles will be allowed on the course, that if assigned to a volunteer point along the route, I will be transported to/from that point from the start/finish area by a race official.

I assume all risks associated with volunteering for this event including, but not limited to injuries from falls, contact with a runner, the potential for being struck by a vehicle, 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, being transported in a race official's personal vehicle, 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.

Having read this waiver and knowing these facts and in consideration of your accepting my form, I, for myself and anyone entitled to act on my behalf, waive and release RUN FOR ROGER, event volunteers, the sponsors, and all others assisting in the operations of the event and its supporting and related activities, together with their employees, contractors, subcontractors, directors, officers, agents, attorneys and representatives from all claims of liabilities of any kind or character arising from my participation in this event or in any related activity, even though liability may arise from negligence or carelessness on the part of persons or organizations named in this waiver and release.

Further, I grant permission to all the foregoing to use my name and images of myself in any photographs, motion pictures, results, publications or any other print, video graphic or electronic record of this event for legitimate purposes.

If under the age of 18, I declare that I have my parent or guardian's consent to participate in this event and that they have read and agree to the above stipulations on my behalf.

Volunteer Print Name: _____

Volunteer Signature: _____ Date: _____

****If Volunteer is under the age of 18****

Parent/Guardian Print Name: _____

Parent/Guardian's Signature: _____

Date: _____