



## Volunteer Registration Form

### Footstock Race Weekend - June 11-13, 2010

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please indicate below which day or days you are available and the area of interest by indicating your top three choices for volunteer positions.*

Friday June 11, 2010	Saturday June 12, 2010	Sunday June 13, 2010
<input type="checkbox"/> Registration & Race Kit Pickup	<input type="checkbox"/> Information & Registration	<input type="checkbox"/> Information & Registration
<input type="checkbox"/> Set Up Race Expo	<input type="checkbox"/> Water Station	<input type="checkbox"/> Water Station
<input type="checkbox"/> Set Up Race Course	<input type="checkbox"/> Security	<input type="checkbox"/> Security
	<input type="checkbox"/> Medical	<input type="checkbox"/> Medical
	<input type="checkbox"/> Course Marshall	<input type="checkbox"/> Course Marshall
	<input type="checkbox"/> Finish Line	<input type="checkbox"/> Finish Line & Timing
	<input type="checkbox"/> Tear Down	<input type="checkbox"/> Set Up & Tear Down
	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Lead Biker
	<input type="checkbox"/> Lead Biker	<input type="checkbox"/> Pool Deck
	<input type="checkbox"/> Massage	<input type="checkbox"/> Transition Area
	<input type="checkbox"/> Photography	<input type="checkbox"/> Food
	<input type="checkbox"/> Food	

### **Release, Waiver and Assumption of Risk Agreement**

I wish to volunteer to participate in the Footstock Race Weekend as a volunteer and I assume the risks involved including physical injury or death. I am in good health and physically able to perform the activities I have chosen. In consideration of being permitted to participate as a volunteer, I myself, my heirs, executors, administrators, successors and assigns do hereby remise, release and forever discharge, waive and save harmless, protect and keep indemnified the Footstock Race Weekend Organizing Committee, the Town of Cochrane, Athletics Alberta, their members, employees, volunteers, directors and officers, all sponsors, charities, community groups, contractors, suppliers and anyone otherwise connected with the Footstock Race Weekend from and against any and all kinds of claims, costs, expenses and demands in respect of injury, loss or damage to my person or property however caused by my participation in the Footstock Race Weekend, notwithstanding that the same may have been contributed to or occasioned by the negligence of the aforesaid. Further, I hereby grant full permission for any of the foregoing to use my likeness in any accounting of the Footstock Race Weekend. By submitting this registration, I acknowledge having read and agreed to the above release, waiver, and assumption of risk agreement.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
 (or parent/guardian signature if under 18 years of age)

**Please mail this form to:** Cochrane Run Foundation, 126 Riverview Circle, Cochrane, Alberta T4C 1K5  
**Or email this form to:** Toni Jacques at [toni.jacques@shaw.ca](mailto:toni.jacques@shaw.ca)