



# 2018 Komen WNY Race Volunteer Form

(Please Print Clearly)

\*Volunteer Name: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*Phone: Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Employer \_\_\_\_\_

\*T-shirt Size: \_\_\_\_\_ (cannot guarantee that all sizes will be available)

Have you volunteered for the Race in past years? Yes \_\_\_\_ No \_\_\_\_ If Yes, what year? \_\_\_\_\_

What area did you work in: \_\_\_\_\_

Do you want to volunteer in the same area this year? Yes \_\_\_\_ No \_\_\_\_

If No, what area do you prefer to work in \_\_\_\_\_

If volunteering as part of a team/group, please indicate team/group name (or list names of others you would like to be assigned with):  
\_\_\_\_\_

Do you have any health issues that we should be aware of? (any restrictions, ie: lifting, bending or sun exposure)  
\_\_\_\_\_

**Emergency Contact Information:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please return completed form by May 18, 2018 to: [mmagaris@komenupstateny.org](mailto:mmagaris@komenupstateny.org)  
or fax to 1-844-303-5309. For questions please contact our office at (716) 887-2646**

I wish to volunteer for the Susan G. Komen Western New York Affiliate, Inc. I understand that the nature of volunteer activities that 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 SUITE AGAINST THE KOMEN AFFILIATE, THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. (THE "FOUNDATION") 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.

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian's Signature (if volunteer is under 18):** \_\_\_\_\_

**Age (if under 18):** \_\_\_\_\_