



2011 Race for the Cure Volunteer Registration

Title: _____ First/Last Name: _____

Age: _____ Email: _____

Address: _____

City/State/Zip Code: _____

Phone: _____ Business Phone: _____

Fax: _____ Cell Phone: _____

Name of responsible adult (if under age 18): _____

Volunteer Group (if applicable): _____

Volunteer T - shirt Size (not guaranteed): _____

Volunteer Position: _____

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone: _____

I wish to volunteer for the Maryland Affiliate of Susan G. Komen for the Cure (Komen). I understand volunteer activities performed for Komen or at a Komen event may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of personal injury or accident. Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any injury or accident which may occur while I am serving as a Komen volunteer. In addition, I hereby release, indemnify and hold harmless the Maryland Affiliate of Susan G. Komen for the Cure, Susan G. Komen for the Cure, and any of their partners, agents, sponsors, board members and successors from any and all liability claims, judgments or responsibility for any such accident or injury.

Name (Printed): _____

Signature: _____ Date: _____

Please send this completed form: Brittanie Stuber
200 E Joppa Rd, Ste 407
Towson, MD 21286