



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

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

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

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

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

City/State/Zip: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Age on Walk Day: \_\_\_\_\_

Guardian Name (if 12-17 years old): \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

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

\_\_\_\_\_

Gender:  Male  Female

T-shirt size:  S  M  L  XL  XXL  XXXL

Are you a breast cancer survivor?  Yes  No

How did you hear about the Walk? \_\_\_\_\_

Combined years as a walker/volunteer for TBBCF (incl. this year): \_\_1 \_\_2 \_\_3 \_\_4 \_\_5 \_\_6 \_\_7 \_\_8 \_\_9 \_\_10  
\_\_11

## VOLUNTEER INFORMATION

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

- |  |   |
|--|---|
| <input type="checkbox"/> Registration        | <input type="checkbox"/> Hydration*                   |
| <input type="checkbox"/> Opening Ceremonies* | <input type="checkbox"/> Pit Stops                    |
| <input type="checkbox"/> Closing Ceremonies* | <input type="checkbox"/> Half and Quarter Marathon    |
| <input type="checkbox"/> Lunch               | <input type="checkbox"/> Traffic Control and Safety** |
| <input type="checkbox"/> Cycling             | <input type="checkbox"/> Procurement                  |

- Medical Services  
 Medical Doctor    RN    LPN    EMT    Paramedic

License # \_\_\_\_\_

- Massage Therapy

Certificate # \_\_\_\_\_

**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.**

*Waiver Form – TBBCF Walk Across Southeastern CT*

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 17) and Date:

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



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