



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? ___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 __12

VOLUNTEER INFORMATION

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

Registration

Opening Ceremonies*

Closing Ceremonies*

Food Service @ Closing Ceremonies

Cycling

Lunch

Hydration* Includes set-up/breakdown of pit stops

Pit Stops

Half and Quarter Marathon

Traffic Control and Safety**

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:

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

