



Volunteer Registration & Waiver Form 2022 TBBCF Walk for a Cure

Please complete this form, sign the waiver, and return to:
Terri Brodeur Breast Cancer Foundation, TBBCF, 187 Williams St, New London, CT 06320.

VOLUNTEER CONTACT INFORMATION

First Name: _____

Last Name: _____

Email: _____

Phone Number: _____

Address: _____

City/State/Zip: _____

How did you hear about our event? _____

VOLUNTEER INFORMATION

Gender: Male Female

Age on Day of Walk _____

Date of Birth _____

Are you a breast cancer survivor? Yes No

Guardian Name (if 12-17 years old): _____

T-shirt size: ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL ___ NO SHIRT – THANKS!

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

- | | |
|---|---|
| <input type="checkbox"/> Registration | <input type="checkbox"/> Hydration *** |
| <input type="checkbox"/> Opening Ceremonies* | <input type="checkbox"/> Pit Stops |
| <input type="checkbox"/> Food Service @Closing Ceremonies | <input type="checkbox"/> Half and Quarter Marathon Support |
| <input type="checkbox"/> Closing Ceremonies* | <input type="checkbox"/> Cycling |
| <input type="checkbox"/> Lunch | <input type="checkbox"/> 5K Support |
| <input type="checkbox"/> Traffic and Safety** | <input type="checkbox"/> Medical Services – License # _____ |
| | <input type="checkbox"/> Medical Dr. <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic |

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; ***Includes set-up/breakdown of pit stops. Hydration may also include heavy lifting.

Comment:

Emergency Contact Name: _____

Emergency Contact Daytime Phone # _____

Combined years as a walker/volunteer for Terri Brodeur Breast Cancer Foundation, TBBCF (incl. this year):

__ 1 __ 2 __ 3 __ 4 __ 5 __ 6 __ 7 __ 8 __ 9 __ 10 __ 11 __ 12 __ 13 __ 14 __ 15 __ 16 __ 17

Volunteer Waiver Form
Terri Brodeur Breast Cancer Foundation, Inc. (TBBCF) Walk for a Cure

I have read, understand, and agree to all conditions stated in the fundraising, registration and release of liability found in this waiver.

I hereby for myself, my heirs, and executors, waive, release and hold harmless the Terri Brodeur Breast Cancer Foundation, Inc. also known as and hereinafter referred to as "TBBCF" and all organizations and persons associated with TBBCF's fundraiser "TBBCF Walk for a Cure", 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 further acknowledge that participation is voluntary and I waive all liabilities regarding for myself and any minor child(ren) on whose behalf I give permission to participate in such event(s). Any such child(ren) shall be at least 12 years or older on the date the event commences. If my child is 12 to 17 years of age, my child will be accompanied at all times by me or by an adult to whom I have given express permission to do so 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 for myself and on behalf of such minor child(ren).

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

Print Child's Name and DOB

