



SUNDAY, MAY 7, 2017

BRIDGE RUN HALF MARATHON & 5K

SCHOOL / GROUP VOLUNTEER FORM

School District Name (if applicable) _____

Teacher/Supervisor Name _____

Teacher/Supervisor Info: Day Phone/Cell _____ Email _____

STUDENT INFO:

Student Name _____ Age _____ Gender M F (check one)

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening/Cell Phone _____

Emergency contact _____ Phone _____

Student Allergies and/or Medication that may be needed _____

*** You must be 12-17 years of age and accompanied by an adult through your school/group to volunteer for the Bridge Run**

PLEASE INDICATE YOUR T-SHIRT SIZE:

Small Medium Large X-Large XX-Large

STUDENT volunteers will be used at designated water stations, post-race food tent or finish line at NYSEG Stadium.

Bridge Run Volunteer Coordinator will designate where student volunteers will be placed if volunteer has no preference.

Sunday, May 7:

6:00 a.m. – 12:00 p.m. _____ **Post-Race Food & Beverage Tent Volunteer (some lifting required, at NYSEG Stadium)**

7:00 a.m. – 11:00 a.m. _____ **Water Station Volunteer (at assigned location)**

7:00 a.m. – 12:00 p.m. _____ **Finish Line Volunteer (at NYSEG Stadium)**

7:00 a.m. – 11:00 a.m. _____ **CHEER SECTION (new this year, looking for High School bands, cheerleaders, dance teams, sports team, etc. to pick a section on the course to CHEER on the runners - - shirts are NOT provided for cheer section)**

THE CUT-OFF DATE TO FILL OUT A VOLUNTEER FORM IS FRIDAY, APRIL 14, 2017

Volunteer Waiver – Greater Binghamton Bridge Run

IN CONSIDERATION of the acceptance of my application and the permission to participate as a volunteer in the Greater Binghamton Bridge Run Half Marathon or 5K Run ("the event"), I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE, the Greater Binghamton Chamber of Commerce, all sponsors, volunteers, contributors, contractors, employees, sanctioning bodies ("the aforesaid") OF AND FROM ANY AND ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the event as a volunteer, or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING THAT THE SAME MAY HAVE BEEN CONTRIBUTED TO, OR OCCASIONED BY, THE NEGLIGENCE OF ANY OF THE AFORESAID. I further hereby agree to HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any and all of them as a result of, or in any way connected with, my participation in the event. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. I also authorize the attending medical person to execute on my behalf any permission forms and other appropriate medical documents on my behalf if I am not immediately available to do so. I understand that I am responsible for any charges incurred by me or on my behalf for medical treatment.

I WARRANT that I am physically fit to serve as a volunteer. I hereby further agree that my failure to sign the volunteer waiver will mean I will not be allowed to participate in the Bridge Run.

I approve the use of any photos of myself taken at this event for use in promotional materials and advertising by the Greater Binghamton Bridge Run host organizations.

BY SIGNING THIS WAIVER, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE WAIVER, RELEASE AND INDEMNITY.

Signature of Volunteer _____

Date _____

Parent or Guardian Signature (if under 18) _____

Date _____

Teacher/Supervisor Signature _____

Date _____

MAIL COMPLETED FORM TO:
Greater Binghamton Chamber
Attn: Sue Kuhn, Volunteer Coord.
49 Court Street, PO Box 995
Binghamton, NY 13902-0995
FAX FORM TO: (607) 722-4513