



## Volunteer Application

for

September 4, 2010

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Date/Time: 9/4/10 7:00am to 11:00am (Race starts at 8:00am and ends at 9:00am)  
Location: Hemming Plaza 117 W. Duval St. Jacksonville, FL 32202

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

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

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

Email: \_\_\_\_\_

Pick one or more jobs:

### Pre-race support

Promotion \_\_\_\_\_

Race materials preparation \_\_\_\_\_

### Race day support

Set up \_\_\_\_\_

Clean up \_\_\_\_\_

Assist with race timing \_\_\_\_\_

Water station \_\_\_\_\_

Registration \_\_\_\_\_

**VOLUNTEER RELEASE:** I understand that my consent to these provisions is given in consideration for being permitted to participate as a volunteer in this event. I am in adequate physical condition to participate as a volunteer. I am aware of, and voluntarily assume the risks of volunteering in this event. If I am injured, I agree that I will not sue, or otherwise hold responsible, Run For Their Lives, Inc, and all sponsors. I give my permission to the Run For Their Lives, Inc to use any photographs, video tapes or other recordings of me that are made during the course of this event. **PLEASE SIGN BELOW TO INDICATE YOU HAVE READ AND AGREE TO THIS VOLUNTEER WAIVER**

\_\_\_\_\_  
Signature

Please sign here (parent must sign if under 18 years of age)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Mail application to: Run For Their Lives, Inc  
P.O. Box 57794  
Jacksonville, FL 32241

Fax to: (904) 212-0860

We will contact you to confirm your application and to provide more details about your involvement.

For any questions, call (904) 383-0679 or email: [volunteer@runfortheirlives.org](mailto:volunteer@runfortheirlives.org)