



# 2023 Volunteer Registration

Name: \_\_\_\_\_  Male  Female

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

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

Workplace (optional): \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ T-Shirt Size:  Small  Medium  Large  XLarge  XXLarge  3XLarge

If you have volunteered in the past for the Trek, please list your previous task: \_\_\_\_\_

**Days available to volunteer:**  
(please select all that apply)

- Thursday - June 15
- Friday - June 16
- Saturday - June 17
- Sunday - June 18

**Desired accommodations:**  
(please select only for days you are volunteering)

**Thursday:**

- Dorm  None needed

**Friday:**

- Dorm Bed  Camping  None

**Saturday:**

- Dorm Bed  Camping  None

**Requested Roommate:**  
(must be a registered Trekker or Volunteer)

\_\_\_\_\_

Do you require special housing, assistance or first floor?

- Yes  No

**Volunteer Task Choices:**  
(please select no more than two task options)

- End of day clean up crew
- Finish Line Set up & Cheering
- Finish Line Safety Managers
- Food Service (Saturday Only)
- Luggage Crew (load & unload)
- Rest Stop Crew
- Route Marshal

**Other:** \_\_\_\_\_

Please list any restrictions or limitations that you may have in regards to your volunteer abilities (no lifting, shade only, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact & Medical Information

In case of emergency, contact: \_\_\_\_\_

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

Do you have any allergies or intolerances? \_\_\_\_\_

# Assumption of Risk, Waiver of Claims & Release of Liability and Indemnification

I would like to volunteer in the Activity and assist the American Lung Association, Inc. (the "ALA") in its mission to improve lung health and reduce lung disease.

1. I acknowledge and agree that: my signing this Agreement is a condition to and in consideration of my being a volunteer in the Activity; this Agreement is legally binding on me and my heirs, executors, administrators, successors and assigns (collectively the "Releasing Parties"); and this Agreement is for the benefit of the American Lung Association, Inc. and it's respective officers, directors, employees, sponsors, agents and representatives (collectively the "Released Parties").
2. I represent to the Released Parties that:
  - a. I acknowledge that the Activity is a tobacco free event;
  - b. I have voluntarily chosen to participate in the Activity;
  - c. I am in good health and physical condition and able to volunteer at the Activity;
  - d. I understand that riding on the Trek route will not be permitted after 3:00pm each day;
  - e. I will obey all laws, regulations and rules at all times during the Activity; and
  - f. I understand that participation in the Activity may be hazardous and involve risks which may cause property damage, physical injury or death, including but not limited to: physical exertion; equipment failure or malfunction; road, course and weather conditions; falling; collision with or being impacted by bicycles, motor vehicles, other participants, volunteers or spectators; or the negligence of the other participants or the Released Parties.
  - g. I understand that all volunteers under the age of 18 are required to be accompanied by a guardian at all times while participating in the Activity.
3. I voluntarily assume all risks associated with my volunteering for the Activity, including the risk of property damage, personal injury, or death.
4. I hereby release and waive for myself and my heirs, executors, administrators, successors and assigns any and all claims (the "Released Claims") which I now have or may in the future have against any and all of the Released Parties arising from or relating to the Activity, including but not limited to the negligence of the Released Parties.
5. I agree that if despite this Agreement, any of the Releasing Parties makes a claim against any of the Released Parties with respect to any Released Claim, I will indemnify and hold harmless each of the Released Parties from any and all costs, expenses and fees, including attorneys' fees, incurred by the Released Parties.
6. I agree that the ALA may take photographs or video recordings of me during the Activity (the "Photos and Videos") and that the ALA may use such Photos and Videos in perpetuity for purposes of marketing, promotion and publicity in newsletters, newspapers, magazines, brochures, press releases, grant proposals, websites, electronic publications and other written or electronic materials or media without notice or compensation to me. I hereby release and waive for myself and the other Releasing Parties any and all claims which I now have or may in the future have against any and all of the Released Parties arising from or relating to the use of the Photos and Videos.
7. Delivery of a copy of this Agreement bearing an original signature by facsimile transmission, by electronic mail in "portable document format" (".pdf") form, or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document, will have the same effect as physical delivery of the paper document bearing the original signature.
8. I agree that this Agreement shall be governed by the laws of the State where the Activity takes place, and that the exclusive venue for any arbitration or litigation arising from or relating to the Activity or this Agreement shall be in the State where the Activity takes place.
9. If any provision of this Agreement is held to be invalid or overbroad, I agree that the provision shall be severable and such invalidity shall not affect the other provisions of this Agreement and that this Agreement shall be enforceable to the greatest extent possible.
10. This Agreement is the complete agreement of the Releasing Parties and the Released Parties and supersedes any other written or oral agreement with respect to the subject matter of this Agreement. This Agreement may not be modified orally.
11. I have read and understood this Agreement.

**Signature of Volunteer:**

**Date:**

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**Signature of Guardian if Volunteer is under 18:**

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