

# PAPILLION RACE SERIES

## 2023 Volunteer Form

PROMOTING HEALTHY LIVING, PERSONAL WELLNESS & COMPETITIVE FUN!

PHONE (402) 597-2041 • FAX (402) 597-2080

*Thank you for your interest in volunteering. You will have a great time as part of the volunteer race crew and we are grateful for your willingness to support these events.*

**Please choose which event/s you would like to volunteer for:**

- Papillion Half Marathon, 10K & 5K – Sunday, May 21st
- Last Tri at Summer Kids Triathlon – Saturday, August 5th
- SumTur Twilight Dash – Saturday, October 21st
- Other: \_\_\_\_\_

**Please print and fill in ALL information completely.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone: Day: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Evening: (\_\_\_\_) \_\_\_\_\_

Adult T-Shirt Size: \_\_\_S \_\_\_M \_\_\_L \_\_\_XL \_\_\_XXL\_\_\_

\* Previous Race experience: \_\_\_Y \_\_\_N \* If so, please describe: \_\_\_\_\_

Please list skills/certifications: \_\_\_\_\_

Please check one or more areas of interest:

- \_\_\_ Course work      \_\_\_ Timing      \_\_\_ Media & VIPs      \_\_\_ Start/finish line
- \_\_\_ Start corrals      \_\_\_ Water/aid stations      \_\_\_ Medical/PT Tents      \_\_\_ Course monitor
- \_\_\_ Food & beverage dist.      \_\_\_ Awards      \_\_\_ Course Setup (day prior)
- \_\_\_ Registration (day prior)      When available? \_\_\_\_\_

### Waiver: Please read and sign below to agree to terms.

I fully understand the nature of this activity and I waive and release/hold harmless the City of Papillion Recreation Department and any of its agents, employees, officers, council members, sponsors, and charities for any and all rights and claims for damages or costs I may have. This includes personal injury, death, or property damage suffered by me, or that I may cause to others as a result of my participation in this activity. I will additionally permit the use of my or my child(ren)'s name and image in broadcasts, radio, telecasts, videos, news coverage, web, photographic, sound, or any other digital or analog representation of myself in relation to this event. As a participating volunteer, I certify that all the information provided in this form is true and complete. I have read and clearly understand the above statement. I realize this is a contract between myself and the City of Papillion Recreation Department and is a release of liability. I sign it of my own free will. If under 18 years old, parent/guardian must sign.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(If under the age of 18, a parent or guardian must sign.)

Mail completed form to: Papillion Recreation Department, 1046 W. Lincoln Street, Papillion, NE 68046