**Chesapeake Bataan Death March Memorial Walk**

**VOLUNTEER WAIVER FORM**

I understand that volunteering at a race involves potential risks and that I should not volunteer unless I am medically able. I agree to abide by any decisions of race officials about my ability to safely volunteer. I agree to follow the instructions outlined by race officials regarding my volunteer assignment. I further understand that as no personal vehicles will be allowed on the course, that if assigned to a volunteer point along the route, I will be transported to/from that point from the start/finish area by a race official. I assume all risks associated with volunteering for this event including, but not limited to injuries from falls, contact with a runner, the potential for being struck by a vehicle, windblown or collapsing scaffolding, barricades and signage, the effects of the weather, including high heat and/or humidity, high winds, lightning, and extreme cold, snow and ice, traffic and the conditions of the road, being transported in a race official’s personal vehicle, all such risks being known and appreciated by me. I further acknowledge that the organizers reserve the right to refuse or revoke my volunteering for the event for any reason.

Having read this waiver and knowing these facts and in consideration of your accepting my form, I, for myself and anyone entitled to act on my behalf, waive and release VFW Post and Fil-Am Racing, event volunteers, the sponsors, and all others assisting in the operations of the event and its supporting and related activities, together with their employees, contractors, subcontractors, directors, officers, agents, attorneys and representatives from all claims of liabilities of any kind or character arising from my participation in this event or in any related activity, even though liability may arise from negligence or carelessness on the part of persons or organizations named in this waiver and release.

Further, I grant permission to all the foregoing to use my name and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic record of this event for legitimate purposes.

If under the age of 18, I declare that I have my parent or guardian’s consent to participate in this event and that they have read and agree to the above stipulations on my behalf.

Volunteer Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Volunteer is under the age of 18:**

Parent/Guardian Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_