



Susan G. Komen for the Cure Volunteer Release Form

Northeastern New York Affiliate of Susan G. Komen for the Cure Date: _____

(Please complete this form and return with your Volunteer Participation Form)

Mail to: Katie O'Loughlin, 3 Keystone Terrace, Clifton Park, NY 12065

Name _____ Date of Birth _____

Street _____

City _____ State _____ Zip _____

Phone (_____) _____ Work (_____) _____

Fax (_____) _____ Email _____

Emergency Contact Information:

Name _____ Relationship _____

Phone _____

Do you have any health issues that we should be aware of? _____

Volunteer interest/skills _____

I am a Breast Cancer Survivor and would like to be included in Survivor Events: Y/N

Contact me to be involved with the year round organization of the Race: Y/N

If so, please circle your area of interest:

Publicity/Outreach Fund Development Logistics

List any special skills _____

I wish to volunteer for the Northeastern New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc., DBA Northeastern New York Affiliate of Susan G. Komen for the Cure. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, **I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY, ACCIDENT AND/OR PROPERTY DAMAGE THAT I SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE NORTHEASTERN AFFILIATE OF SUSAN G. KOMEN FOR THE CURE, THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. AND ANY OF THEIR PARTNERS, AGENTS SPONSORS, BOARD MEMBERS AND SUCCESSORS FROM ANY AND ALL LIABILITY CLAIMS, JUDGMENTS OR RESPONSIBILITY FOR ANY SUCH ACCIDENT OR INJURY.**

Printed name of volunteer: _____

Volunteer's Signature: _____ Date: _____

Parent's or Guardian's Signature: _____ Date: _____

(Must be signed if volunteer is under age 18)