

# **VOLUNTEER SIGN UP FORM**

Thank you for volunteering your time at the BMO Vancouver Marathon on **Sunday, May 1st, 2016.**

**Please register by Wednesday, April 27th before 5pm.**

**About TNT:** Team In Training is a comprehensive endurance-training program for runners and walkers to benefit The Leukemia & Lymphoma Society of Canada. The goal of Team In Training is to increase funding to support LLSC’s mission while promoting fitness and healthy lifestyles.

|  |  |
| --- | --- |
| **Full Name:**  | **Age (if under 19):** |
| **Address:**  | **City:** |
| **Phone:** | **Postal Code:** |
| **T-shirt Size:**  | **E-mail:** |
| **Emergency Contact Full Name:**  | **Emergency Contact Phone #:**  |

**Volunteer Opportunities**

* **Water Station – Cambie St & W Broadway**
	+ **5:30am – 8:45am**

**Event Details**

* **Sunday, May 1st, 2016**
* **Time: 5:30am – 8:45am**
* **Location: Intersection at Cambie St and West Broadway**

**LLS Waiver of Liability:** I recognize and understand that there are risks associated with being a volunteer for The Leukemia & Lymphoma Society of Canada. I hereby waive and release any and all claims for injuries or damages I have against The Leukemia & Lymphoma Society of Canada, its directors, employees and other race volunteers caused by the negligence of any of them arising out of my participation as a volunteer. I, for myself and anyone entitled to act on my behalf, waive and release any and all claims for injuries or damages I have against The Leukemia & Lymphoma Society of Canada, its Directors and employees, any and all municipalities associated with the event I may be attending, the province of British Columbia, race volunteers, sponsors and/or their agents and representatives, caused by the negligence of any of them arising out of my participation in this event. I understand that as a volunteer I will not receive remuneration for the time or services I provide to The Leukemia & Lymphoma Society of Canada.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Volunteer’s signature or Parent/Guardian if under 19 yrs) (Date) (Please print Parent/Guardian name)

**Please fax this form back to 604.733.2848 or e-mail to mina.park@lls.org Thank you!!!**

Mina Park, Campaign Coordinator, The Leukemia & Lymphoma Society of Canada

Suite 301, 1601 W Broadway Ave Vancouver BC V6J 4S6 **mina.park@lls.org**

Phone: 604.733.2873 Fax: 604-733-2848