

## **VOLUNTEER SIGN UP FORM**

Thank you for volunteering your time with Team In Training at the Green Sock Half & Shamrock'n Race in Stanley Park on **Sunday, March 15<sup>th</sup>, 2015!**

**Please register by Thursday, March 12<sup>th</sup> 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.

<b>Full Name:</b>	<b>Age (if under 19):</b>
<b>Address:</b>	<b>City:</b>
<b>Phone:</b>	<b>Postal Code:</b>
<b>T-shirt Size:</b>	<b>E-mail:</b>

### **Volunteer Opportunities (please check one or more boxes)**

- Race Package/Race Chip hand out
- Road marshaling
- Water station
- Cutting food and serving post-race
- Set-up
- Clean-up

### **Event Details**

- Sunday, March 15<sup>th</sup>, 2015**
- Duration time: 7:45am – 1:00pm**
- Burnaby Lake Clubhouse – 3760 Sperling Ave, Burnaby, BC V5B 4X5**

**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 [volunteerbcyukon@lls.org](mailto:volunteerbcyukon@lls.org)  
Thank you!!!**

The Leukemia & Lymphoma Society of Canada  
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