

# **VOLUNTEER SIGN UP FORM**

Thank you for volunteering your time with Team In Training at the **Vancouver Chilly Chase** on **Sunday, January 24th, 2016.**

**Please register by Wednesday, January 20th 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.

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

**Volunteer Opportunities**

* **Water station**
* **Race Package/Race Chip hand out**
* **Road marshaling**
* **Set-up/Clean-up**

**Event Details**

* **Sunday, January 24th, 2016**
* **Duration time: 7:30am (approx. - TBA) – 11:00am**
* **Location: Seawall behind Creekside Community Recreation Centre**

**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.

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(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**

**Thank you!!!**

The Leukemia & Lymphoma Society of Canada

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