



# Volcano Rain Forest Runs

## **Volunteer Form      Race Day: Saturday, August 20, 2016**

Please print legibly - One person per form, Mahalo.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Cell Phone # or home phone \_\_\_\_\_

T-Shirt Size - *Circle one*: **S M L XL XXL** Email: \_\_\_\_\_

Have you volunteered before?    Yes    No      If yes, what task? \_\_\_\_\_

**Areas of interest** – *please circle one or more*- indicate order of preference by: 1, 2, 3, etc.

- |                  |                          |                   |                        |
|------------------|--------------------------|-------------------|------------------------|
| Aid Station *    | Food & Beverage          | Registration *    | T-Shirt Distribution * |
| Clean-Up         | Logistics and Supplies * | Retail Sales *    |                        |
| Course Marshalls | Race Set Up *            | Start/Finish Line |                        |
| First Aid Tent   | Race Sweep               | Timing Assistant  |                        |

Other – please write in: \_\_\_\_\_

\* Volunteers on these teams may be asked to work before or after Race Day

**Your team leader will contact you before race day.**

Waiver: I am volunteering for the Volcano Rain Forest Runs and I agree to comply with the rules, regulations and event instructions. I am aware of and I expressly assume all inherent risks associated with participating in this event, including, but not limited to: falls, contact with other participants, and objects, the effects of weather, including high heat and humidity, traffic, and the conditions of the road. In consideration of your accepting this form, I for myself and anyone entitled to act on my behalf waive and release from any and all claims for injuries and damages I may have against the Volcano Rain Forest Runs LLC, sponsors, State of Hawaii, County of Hawaii, the United States of America, their agents and representatives caused by the negligence of any of them arising out of my volunteering for this event, including pre and post race activities. I attest that I am physically fit. I consent to receive medical treatment which may be advisable in the event of illness or injuries suffered by me during this event, and I agree to pay for the costs of my medical treatment. I give permission for the free use of my name, voice or picture in any broadcast, telecast, advertising promotion or other account of this event.

\_\_\_\_\_  
Signature of Entrant (If under 18 years of age Parent or guardian signature)

\_\_\_\_\_  
Date

**Questions? Call: Sharron Faff – phone 967-8240**

Mail to: Sharron Faff – Race Director PO Box 326, Volcano, HI 96785 or drop off at the VAC Niaulani Campus in Volcano  
**raceinfo@volcanorainforestruns.com      www.volcanorainforestruns.com**

**GET READY FOR A GREAT RACE DAY!**