

Perk Up Half Marathon



www.perkuphalfmarathon.com/
Perkiomen School
200 Seminary Ave., Pennsburg, PA
Sunday, August 24, 2014

Volunteer Sign-up Form

We welcome volunteers for as much time as they can donate for the Perk Up Half Marathon. We appreciate your help in making the Perk Up a success!

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Your Email: _____ Age on Race Day: _____

Shirt Size: S M L XL Sex: { } M { } F

Time Available Race Day: _____

Note: The race begins at 8:00 am. We will need volunteers before, during, and after the event

Group or Club (if applicable): _____

Notes or Comments: _____

Waiver: In consideration of my agreeing to volunteer, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims for damages I may have against the Perk Up Half Marathon, the Eastern Pennsylvania Chapter of the National Hemophilia Foundation (EPC), the sponsors of the event, its agents, representatives, successors and assigns for any and all injuries suffered by me at said event, or which may rise out of traveling to and participating in and returning from these events. I also authorize the EPC to utilize any photographs, personal narrative, interviews, or audio and video recording of my participation in the Perk Up Half Marathon for any and all purposes.

Signature: _____

Mail completed form to:

EPC of NHF
14 E Sixth St, 1st Floor
Lansdale, PA 19446

Or email form to:

Janine Roberts
jroberts@hemophiliasupport.org