



VOLUNTEER WAIVER FORM

PLEASE CIRCLE ONE: April Handicap Spring Series Summer Series August Duet Fall Series

DATE OF EVENT: _____

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ USATF# _____ E-mail _____

Waiver:

I acknowledge that there are certain risks inherent in being a volunteer at any athletics competition, and I freely accept those risks. In consideration of being accepted, I, intending to be legally bound, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the YMCA, the City of Chesterfield, MO, Pattonville School District, Parkway School District, Maplewood Richmond Heights School District, the City of St. Louis, MO and any other location where a race occurs, Racewalkers' Club of St. Louis, USA Track and Field, USATF Ozark Association, and their officers, agents, successors, and/or assigns for any and all damages which may be sustained or suffered by me in connection with volunteering or arising out of traveling to and returning from said competition. I further attest that I am physically fit to volunteer for the event(s) listed above.

Signature of volunteer

Date

Signature of parent and/or legal guardian if volunteer is under 18