



Susan G. Komen for the Cure Volunteer Release & Participation Form

please, print clearly, both pages must be returned

Mail to: Sarah Bruno-Robichaud, 1009 Laurel Lane, Ballston Spa, NY 12020

Name: _____ I am: _____ 18 or older _____ under 18

Street: _____

City: _____ State: _____ Zip _____

Email: _____ Phone: (day) _____ (evening) _____

Emergency Contact Information (must be provided)

Name: _____ Relationship: _____ Phone: _____

Are you a breast cancer survivor? Yes _____ No _____

Do you have any health issues or physical limitations that we should be aware of? *****Most volunteer opportunities, for the Race for the Cure, involve standing and moving and could involve some lifting. There are very few volunteer opportunities that involve sitting!***** _____

I wish to volunteer for the Northeastern NY Affiliate of Susan G. Komen for the Cure Breast Cancer Foundation, Inc. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless and covenant not to file suit against the Northeastern New York Komen Affiliate, Susan G. Komen for the cure and any of their employees, volunteers, partners, agents, sponsors, board members and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer.

I understand that as a volunteer, I may become privy to confidential information about the Northeastern New York Komen Affiliate. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Northeastern New York Komen Affiliate's or Komen's internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Northeastern New York Komen Affiliate or Komen. I will not use any confidential information in any manner that would be detrimental to the Northeastern New York Komen Affiliate or Komen, and I will avoid any actions that might impair the reputation of the Northeastern New York Komen Affiliate or Komen.

Printed name of volunteer: _____

Volunteer's signature: _____ Date: _____

Parent's or guardian's signature: _____ Date: _____

(Must be signed by parent/guardian if volunteer is under age 18)

