



2019 PAPILLION RACE SERIES

PROMOTING HEALTHY LIVING, PERSONAL WELLNESS & COMPETITIVE FUN!

Volunteer Form

PHONE (402) 597-2041 • FAX (402) 597-2080

Thank you for your interest in volunteering. You will have a great time as part of the volunteer race crew and we are grateful for your willingness to support these events.

Please choose which event/s you would like to volunteer for:

Papillion Half Marathon, 10K & 5K – Sunday, May 19th

Papillion Mayor's Triathlon – Sunday, July 14th

SumTur Twilight Dash – Saturday, October 19th

Other: _____

Please print and fill in ALL information completely.

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Phone: Day: (____) _____ Cell: (____) _____ Evening: (____) _____

Adult T-Shirt Size: ___S ___M ___L ___XL ___XXL___

* Previous Race experience: ___Y ___N * If so, please describe: _____

Please list skills/certifications: _____

Please check one or more areas of interest:

___Course work ___Timing ___Media & VIPs ___Start/finish line

___Start corrals ___Water/aid stations ___Medical/PT Tents ___Course monitor

___Food & beverage dist. ___Awards ___Course Setup (day prior)

___Registration (day prior) When available? _____

Waiver: Please read and sign below to agree to terms.

I fully understand the nature of this activity and I waive and release/hold harmless the City of Papillion Recreation Department and any of its agents, employees, officers, council members, sponsors, and charities for any and all rights and claims for damages or costs I may have. This includes personal injury, death, or property damage suffered by me, or that I may cause to others as a result of my participation in this activity. I will additionally permit the use of my or my child(ren)'s name and image in broadcasts, radio, telecasts, videos, news coverage, web, photographic, sound, or any other digital or analog representation of myself in relation to this event. As a participating volunteer, I certify that all the information provided in this form is true and complete. I have read and clearly understand the above statement. I realize this is a contract between myself and the City of Papillion Recreation Department and is a release of liability. I sign it of my own free will. If under 18 years old, parent/guardian must sign.

Print Name: _____ Date: _____

Signature: _____

(If under the age of 18, a parent or guardian must sign.)

Mail completed form to: Papillion Recreation Department, 145 W. Second Street, Papillion, NE 68046