



Volunteer Registration Form

Whenever possible, please register online: by selecting **Volunteer Now!** on the Komen Detroit home page: www.karmanos.org/detroitraceforthecure.

If you are already committed to a specific assignment, please enter the assignment name here:

Enter the name of the person who confirmed this assignment with you: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Gender: MALE FEMALE

Home Phone: (____) _____

Alternate Phone: (____) _____

Special Skills: _____

How did you hear about Race for the Cure®: _____

Participating in the Race: YES NO

Breast Cancer Survivor: YES NO

WAIVER:

I wish to volunteer for the Susan G. Komen Detroit Race for the Cure®. I understand the nature of volunteer activities that I may perform in my capacity as 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 KOMEN DETROIT RACE FOR THE CURE®, THE BARBARA ANN KARMANOS CANCER INSTITUTE, THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. (THE "FOUNDATION") 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 Komen Detroit Race for the Cure® or the Foundation. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Komen Detroit Race for the Cure® or the Foundation's internal procedures, business operations, existing or prospective donor information, proprietary business information, personnel information and the like that is not otherwise publicly disclosed by the Komen Detroit Race for the Cure® or the Foundation. I will not use any confidential information in any manner that would be detrimental to the Komen Detroit Race for the Cure® or the Foundation, and I will avoid any actions that might impair the reputation of the Komen Detroit Race for the Cure® or the Foundation.

Signature of Volunteer /agree to waiver
Volunteers under 18 years old must be signed by parent

Please print Name

Please sign and fax to: 248-304-2081

OR

Mail to: Komen Detroit Race for the Cure®
Attn: Paula Kaye / Katrina Studvent
4100 John R; MC: VE01RF
Detroit, MI 48201