

Mountain Goat Run - Volunteer Application

May 2, 2010



Contact Information

Please fill out one form per volunteer, must be 18 years old or older unless accompanied by a parent/guardian.

Name	
Address	
City, State, Zip Code	
Cell Phone*	
Email Address*	

(*-must have either a cell contact or email)

T-Shirt Size: _____ (M/L/XL only)

Opportunities

Tell us in which areas you are interested in volunteering. Please give preference as follows:

1: First Choice 2: Second Choice 3: Third Choice

	Traffic		Post Race Cleanup		Expo Packet Pickup
	Pre-Race Set Up		Chip Removal		Post-Event Follow Up
	Refreshments		Kids Race		Water Stop
	Registration		Pre-Race Follow Up		Volunteer Coordination

Have you volunteered before? _____

Person to Notify in Case of Emergency

Name	
Home Phone	
Cell Phone	

The Legal Stuff

I agree to hold harmless the Mountain Goat Run Foundation, Inc., volunteers, sponsors, the race committee, the Syracuse Track Club, and the City of Syracuse from all cost and liability arising out of my participation. I hereby wave all claims for damage or loss to my person or property which may be caused directly or indirectly from participation, and hereby assume liability for any loss, damage, or other liability from Mountain Goat 2010. I give my permission for medical release should be involved in any accident or health-damaging situation, or should I require a form of medical treatment. I hereby grant full permission to use any photos, videos, recording or any other record of this event for promotional purposes. I have read the above and agree to the terms.

Agreement and Signature

Signature:		Date:	
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Send Completed Form To: **Mountain Goat, PO Box 481, Syracuse, NY 13214**