



VOLUNTEER APPLICATION
Air Force Cycling Classic
Professional and Amateur Races and Crystal Ride
Saturday/Sunday, June 12/13

Thank you for your interest in becoming a part of the
Air Force Cycling Classic:

Please complete the enclosed volunteer application **legibly** and return to:
info needed

NAME _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ E-MAIL _____

AGE _____ SEX: M F _____

EMERGENCY CONTACT _____ PHONE _____

WHAT POSITIONS and DAYS INTEREST YOU? Check one of the positions below.

Course Marshal: Ensure course safety for spectators, participants and competitors. Minimum age required 18.

Aid Station & Product Distribution (ride only):

Event Registration (ride only) :

Hospitality:

Results Runners (race only):

Saturday, June 12th Sunday, June 13th

SHIRT SIZE (circle one) MED LG XL XXL

I have read and signed the Accident iver and Release from Liability on the back of this form. I agree to handle my assignments in a dedicated, courteous and responsible manner. I will follow the instructions of the organizers, officials and staff to the best of my ability.

SIGNATURE _____ **DATE** _____

PRINT PARENT'S OR GUARDIAN'S NAME
IF PARTICIPANT IS A MINOR (under 18 years old) _____

SIGNATURE _____ DATE _____

ACCIDENT WAIVER AND RELEASE FROM LIABILITY
IMPORTANT – READ BEFORE SIGNING

In consideration for my volunteering for the Air Force Cycling Classic and Crystal Ride, presented and related events and activities (the “Athletic Event”) by signing this Accident Waiver and Release from Liability below:

I acknowledge that participation in the Athletic Event carries with it the potential for death, serious injury and property loss. The risks include but are not limited to weather, equipment, vehicular traffic and actions of other people including coaches, event officials other participants, volunteers, spectators, sponsors, event monitors, producers, organizers, police and municipal workers. These risks are inherent in athletics and the Athletic Event. I FULLY ACCEPT AND ASSUME ALL RISKS OF PARTICIPATING IN THE ATHLETIC EVENT AND ACCEPT PERSONAL RESPONSIBILITY FOR ANY DAMAGES AND EXPENSES ARISING FROM MY PARTICIPATION.

I acknowledge that this Accident Waiver and Release from Liability is made for the benefit of the following persons or entities: The United States Air Force, Arlington Sports Inc., SRAM, USA Cycling , all city, county and state municipalities and jurisdictions and all other sponsors of the Athletic Event, organizers, volunteers, event officials, medical workers, event producers, event sponsors, lessors and organizers and each of their directors, officers, employees, agents, representatives, successors, heirs and assigns and any of them (individually and collectively “Releasees”). I RELEASE AND DISCHARGE RELEASEES FROM ANY AND ALL LIABILITY, AND WAIVE ALL CLAIMS, SUITS, AND ACTIONS OF ANY KIND AGAINST RELEASEES, FOR DEATH, DISABILITY, PERSONAL INJURY, PROPERTY DAMAGE OR THEFT, THAT MAY HEREAFTER ACCRUE TO ME, MY EXECUTORS, ADMINSTRATORS, HEIRS, NEXT OF KIN, SUCCESSORS AND ASSIGNS ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PARTICIPATION IN THE ATHLETIC EVENT.

I will indemnify and hold harmless any and all Releasees from any and all liabilities or claims made by other individuals or entities as a result of my actions or omissions during the Athletic Event. I consent to receive medical treatment which may be deemed necessary in the event of injury, accident or illness during the Athletic Event. This accident waiver and release from liability shall be construed broadly to provide a release and waiver to the maximum extent possible under applicable law. It shall not be modified in any way. If any part of this accident waiver and release from liability is determined to be invalid by law, all other parts of this waiver shall remain valid and enforceable.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENT. IF PARTICIPANT IS A MINOR I CERTIFY THAT I AM THE PARTICIPANT’S PARENT OR GUARDIAN AND EXECUTE THIS ACCIDENT WAIVER AND RELEASE FROM LIABILITY ON BEHALF OF PARTICIPANT.

PRINT PARTICIPANT’S NAME _____

PRINT PARENT’S OR GUARDIAN’S NAME
IF PARTICIPANT IS A MINOR _____

SIGNATURE _____ DATE _____