

SUMMER SOLSTICE VOLUNTEER REGISTRATION FORM

Saturday, June 15, 2024

Please Print Legibly

Adult Name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

You will be contacted via email with event day instructions. Please print email address clearly.

Volunteer Names (Adults)	Job #	T-Shirt Size	Volunteer Names (Children)	Job #	Age	T-Shirt Size

#	Job	#	Job	#	Job
1	General Set Up 7am – 9:30am	6	Race 10:00am – 11:00am		
2	No Preference	7	Information Booth 11am – 1:30pm		
3	Clean Up 3:30pm – 5:30pm	8	Information Booth 1:30pm – 4pm		
4	Road Race Set Up 8:00am – 9:30am	9	Kids Land 11am – 1:30pm		
5	Race Registration 8:00am – 9:30am	10	Kids Land 1:30pm – 4pm		

I hereby waive, release and discharge myself, my heirs, executors, administrators and legal relatives any and all rights and claims which I have or may have against the organizers, volunteers, sponsors and property owners, resulting from my participation in this event. I certify that I have read the above statement and that it is contractually binding. I understand that photographs and videos may be taken of me and I give my permission to the Clark Memorial YMCA to use these images for promotion, public relations, records or other legitimate purposes.

Signature (if under 18, parent must sign): _____

Are you volunteering to fulfill community service requirements? Yes No

*All community service registration forms must be submitted by June 3rd.