AIDS RIDE FOR LIFE 2017
VOLUNTEER REGISTRATION FORM
www.aidsrideforlife.org/volunteers

Today's Date: _____

First Name: _____ **Last Name:** _____

Email: _____ **Phone:** (___) _____

Address: _____

City: _____**State:** _____ **ZIP:**_____

If you've volunteered for the AIDS Ride before, at what location did you volunteer? ____

_____

Would you like to volunteer at the same place again? If not, where would you like to volunteer? _____

_____

Some of our volunteer positions require heavy lifting; would you be able to do that?
Yes / No

Time frame you are available on Friday, September 8th _____

Time frame you are available on Saturday, September 9th _____

Would you be willing to travel to the north end of the lake to volunteer? Yes / No

Do you have your own vehicle? Yes / No Do you have your own license? Yes / No

Questions/Comments:

2017 AIDS RIDE FOR LIFE
VOLUNTEER WAIVER OF LIABILITY

NOTE: Please complete, sign and return this release to Southern Tier AIDS Program.
STAP must be in receipt of this document in order for volunteers to participate in the AIDS RIDE FOR LIFE.

By participating as a volunteer in the 2017 AIDS RIDE FOR LIFE, I agree to assume all risks and to release and hold harmless the Southern Tier AIDS Program, Inc., the City of Ithaca, Department of Transportation, all participating pit stop locations, and their affiliated employees and members who, through negligence, carelessness or another cause, might otherwise be liable to me.

I intend this Waiver and Release to release, in advance, and to waive my rights and discharge all of the persons and entities mentioned above, from any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the AIDS RIDE FOR LIFE, entities being released from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I understand that my name, photograph, videography, voice or likeness may be used by the beneficiaries, STAP, Inc., and their licensees, affiliates and employees. I consent to and authorize in advance, such use and waive my rights of privacy I have in connection therewith.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of Liability and a contract between me and the persons and entities mentioned above and all of their respective officers, directors, employees, agents, and representatives, and I sign it of my own free will.

THIS IS AN IMPORTANT LEGAL DOCUMENT.
READ IT CAREFULLY BEFORE SIGNING BELOW.

Name of Volunteer (print) _____
Date of Birth _____

Signature _____
Date _____

Signature of Guardian _____
Date _____
(if under 18)