

McLean 5K Race

Saturday, October 7, 2017

Race Start Time: 8:00 a.m.



Volunteer Information

Name: _____ Male Female Age 16–17 Age 18+

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Cell) _____ (Other) _____

E-Mail: _____ Birthdate: _____ / _____ / _____ Grade: _____
Month / Day / Year

Emergency Contact

Name: _____ Relationship: _____

Telephone: (Cell) _____ (Home) _____

<input type="checkbox"/>	Corner Marshals and Road Marshals	6:30–9:15 a.m.
FILLED	Parking Support	6:00–10:00 a.m.
FILLED	General Support	6:00–10:00 a.m.

I, the McLean 5K Run Volunteer, agree to indemnify and hold harmless The McLean 5k, it's staff, sponsors, volunteers and board members in addition to McLean Community Center and Fairfax County, Virginia, its officers, agents, all employees, volunteers and governing members, from any and all claims for bodily injury, death, and personal injury and/or property damage, including cost of investigation, all expenses of litigation, including reasonable attorney fees, and the cost of appeals arising out of any claims or suits which result from errors, omissions, or negligent acts of the Sponsor, Business, and their employees.

I grant permission to the McLean 5k and the McLean Community Center to use any photographs, motion pictures, or other record of this event for any legitimate purpose without compensation to me.

For safety reasons, I agree not to participate as a volunteer with any of the following: Wheelchairs, strollers, baby joggers, skates, pets or headsets.

Volunteer Signature: _____ Date: _____

I give my minor child, under age 18, _____ permission to volunteer at this event.

Parent/Guardian Signature _____ Date: _____

McLean 5K Volunteers may return this application to events@mcleancenter.org
Please contact 703-744-9344 with any volunteer questions.