



## VOLUNTEER FORM

**Volunteer Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

If volunteering as part of a team/group, please indicate team/group name (or list names of others you would like to be assigned with): \_\_\_\_\_

Do you have any health issues that we should be aware of?  
\_\_\_\_\_

**Emergency Contact Information:** Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return completed form by **May 30, 2008** to: Susan G. Komen Race for the Cure of WNY, PO Box 237, Buffalo NY 14231 attn: Pat Halko or fax to (716)631-3489.

I wish to volunteer for the Western New York Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY AND/OR PROPERTY DAMAGE THAT I SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUITE AGAINST THE KOMEN AFFILIATE, THE SUSAN G. KOMEN BREAST CANCER FOUNDATION, INC. (THE "FOUNDATION") AND ANY OF THEIR EMPLOYEES, VOLUNTEERS, PARTNERS, AGENTS, SPONSORS, BOARD MEMBERS AND SUCCESSORS FROM ANY AND ALL LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY SERVICE AS A VOLUNTEER.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature (if volunteer is under 18): \_\_\_\_\_

Susan G. Komen  
Race for the Cure  
Western New York Affiliate  
PO Box 237  
Buffalo, NY 14231  
(716) 504-5508  
www.komenwny.org

**Our promise is to save lives and end breast cancer forever by empowering people,  
ensuring quality care for all and energizing science to find a cure.**