



## Volunteer Application

Please accept the honor of serving our military. We need your assistance to make all of our events a success. We truly value your participation. Please complete this form and return to us.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Age: \_\_\_\_\_

### EVENTS:

- \_\_\_\_\_ Wisconsin Marathon – Kenosha, WI (5/1/2010)
- \_\_\_\_\_ Soldier Field 10 Mile – Chicago, IL (5/29/2010) pre-race set up
- \_\_\_\_\_ Soldier Field 10 Mile – Chicago, IL (5/29/2010)
- \_\_\_\_\_ got freedom? 5K/10K - Arlington Heights, IL (5/30/2010)
- \_\_\_\_\_ Bank of America Chicago Marathon – Chicago, IL (10/10/10)

Have you volunteered for SALUTE, INC. before? \_\_\_ yes \_\_\_ no In what area? \_\_\_\_\_

Please check your T-Shirt Size (preference):

**Sizes (Adult):** \_\_\_Small \_\_\_Medium \_\_\_Large \_\_\_X-Large \_\_\_2XL \_\_\_3XL

### **VOLUNTEER WAIVER**

*I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child and/or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child may be entitled to (or accrue to me or my minor child) as a result of volunteering in these programs/activities against: Salute, Inc., including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge Salute, Inc. from any and all claims for injuries, damage or loss that my minor child or I may have or which may accrue to me or my minor child and rising out of, connected with, or in anyway associated with these activities. Volunteers or their parents hereby permit the taking of photographs, audio, or video taping during the Salute, Inc. activities for publication and use as Salute, Inc. deems appropriate.*

***I have read and fully understand the above and waive and release all claims:***

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(parent signature if volunteer is under the age of 18)

If you have any questions, please contact Cathy at (847)359-8811.

Applications may be mailed, e-mailed or faxed to:

**SALUTE, INC.**

**PO Box 236**

**Prospect Heights, IL 60070**

**(847) 359-8811**

**(847)359-8818 (fax)**

**email: [cathy@saluteinc.org](mailto:cathy@saluteinc.org)**