



July 9, 2011

Thank you for your commitment to the Knox County Cure Tour.

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

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

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

T-Shirt Size: S M L XL XXL

I am interested in helping with:

Refreshments  Registration  Rest Stops  Traffic  Family Ride  Other

**WAIVER. PLEASE READ CAREFULLY BEFORE SIGNING:** I am a volunteer and know that helping on the course of the Knox County Cure Tour is a potentially hazardous activity. I realize that I should not participate in helping with this event unless I am medically able. I also know that there will be traffic on the course route. I assume the risk of being present on the cycling course. I also assume any and all risks associated with participating in this event including but not limited to falls, contact with participants, the effects of the weather including high heat and/or humidity, and the condition to the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my volunteer application, I hereby for myself, heirs, executors, administrators or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge the Tour, all Tour sponsors, organizers and volunteers, The Susan G. Komen Breast Cancer Foundation Inc, the Greater Evansville Affiliate of Susan G. Komen for the Cure, Vincennes Community School Corporation, South Knox School Corporation, The Blue Jean Center, Bruceville Firestation, City of Vincennes, City of Bicknell, Knox County, the State of Indiana, Good Samaritan Hospital, all sponsors and volunteers, any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation in this event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. In the event that I am in need of medical treatment and unable to give consent or direction for medical treatment, I authorize and give consent to the employees or agents of Good Samaritan Hospital, Knox County E.M.S. and such other medical personnel that are on hand to provide me with medical treatment they deem necessary. The undersigned further grants full permission to the Knox County Cure Tour Committee, Good Samaritan Hospital Breast Care Center, Greater Evansville Affiliate of Susan G. Komen for the Cure, all sponsors and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. Applications for minors will be accepted only with parent/guardian signature.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian of Volunteer under Age 18

\_\_\_\_\_  
Date

Mail Completed Forms  
Think Pink Charity Fund, P.O. Box C, Vincennes, IN 45791