

# The Ride Grand Island 2011

## 2011 Volunteer Registration Application

### Sunday, August 21, 2011

A separate form is required for each participant. Photocopies accepted. Please print clearly and complete both sides of this form where applicable. Required questions are noted by an asterisk (\*).



#### A. Participant Registration

\*Title: \_\_\_\_\_ \*First Name: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*Province/State: \_\_\_\_\_ \*Postal Code/Zip: \_\_\_\_\_

\*Cell: ( ) \_\_\_\_\_ \*Home: ( ) \_\_\_\_\_ \*Work: ( ) \_\_\_\_\_

\*Birth Date: (mm/dd/yyyy) \_\_\_\_\_ \*Gender:  Male  Female

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

#### B. Participant Information

\*1. Number of years you have participated in the Ride Grand Island \_\_\_\_\_ or \_\_\_\_\_ New this year?

2. What is Your Occupation? \_\_\_\_\_

3. Who is Your Employer? \_\_\_\_\_

\*4. How did you hear about the Ride Grand Island? (check all that apply)

Family/Friend  Radio  Website/Internet  Newspaper Story  Newspaper Ad  TV

Facebook Ad  Bus Ad  Billboard  Brochure/Poster  School

Through Roswell Park  Other \_\_\_\_\_

\*5. Your connection to the cause? (check all that apply)

I am a self-identifying cancer survivor/patient  A family member/loved one is a cancer survivor/patient

Friend/co-worker is a cancer survivor/patient  In memory of a loved one/friend

No personal connection  I do not wish to respond

\*6. T-Shirt Size: **Adult: S M L XL XXL**

#### C. Emergency Contact Information **Important! Please fill out completely**

\*22. Emergency Contact Name: \_\_\_\_\_ \*23. Emergency Phone: ( ) \_\_\_\_\_

\*24. Doctor's Name: \_\_\_\_\_ \*25. Doctor's Phone: ( ) \_\_\_\_\_

\*26. Please list any known medical conditions: \_\_\_\_\_

**Volunteering is a great way to feel the excitement of the event, help cure cancer and to help make The Ride possible!**

- I am volunteering as an:  **Individual**  **Group**
- Name of Volunteer Group: \_\_\_\_\_

## D. Volunteer Positions

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**\*Shift Times:** \*Depending on the area you choose, the **shift times may vary in start and/or time length.**

Early (i.e. 5:30am-9am)  Mid Morning (i.e. 9am- 12:30pm)  All Day (i.e. 5:30am-12:30pm)

## Ride Route Jobs

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**Circle Your Route Preference:** *3, 12, 25, 50*

- Route Guides  Riding Marshal (MUST be a registered rider)  
 Communications – Ham Radio & Phone Bank Operators  Route Support – Bike Mechanics, Hospitality, SAG Vehicles, Sweep, Fire/Police
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## Park Jobs

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**Rider Check-In**

*Rider Check-in, Pinners, T-shirt Distribution, Bag Drop, Greeters*

**Volunteer Check-In**

*Check-In Volunteers, Support*

**Start/Finish Line**

*Safety Checkers, Gate-Keepers, Water Station, Cheerleaders*

**Load In/Load Out**

*Set-Up/Take Down, Campus Shuttle Greeters/Transports, Recycling/Refuse, Loaders/Un-loaders, Vehicle/Truck Support, Parking, Team Delivery, Courtesy Carts*

**Vendor Support**

*Breakfast Server, Lunch Server, Guest Food Sales, Merchandise, Sponsors, Bike Shops,*

**Celebration Area**

*Honor survivors and their families by handing out gifts*

**Extra Mile Club Zone**

*EMC Tent Check-In, Photo Support*

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## E. Liability Waiver & Policies

**Important! Please sign below: If you are under 18 years of age, you must have your parent or legal guardian sign the waiver to be allowed to volunteer. Riders under age 14 must be accompanied by an adult.**

**Waiver & Policies-** I hereby release Roswell Park Cancer Institute, the Roswell Park Alliance Foundation, the New York State Department of Health, Praxair, Inc; Erie, Orleans & Niagara Counties, their townships, law enforcement, fire departments, and The Ride For Roswell affiliates, the sponsors and bike shops, RACES, promoters and all Roswell Park employees and volunteers, training leaders and other persons and entities associated with this Event from any and all present and future claims including those resulting from ordinary negligence for any property damage, personal injury or illness that I and, if applicable my child might suffer during The Ride For Roswell, Fitness Club events, indoor cycling events, pre-events, wellness and training programs, and other Ride related activities ("Event"). I also waive any and all claims including those resulting from ordinary negligence that may be made by me, or on behalf of me or, if applicable, my child in connection with Event. I attest that I am and, if applicable, my child is physically and cognitively able and prepared for this event. I understand that I will be using public streets and facilities where many potential hazards exist and I am aware that accidents or illness may occur during this event. I am voluntarily participating in this event with knowledge of all such risks. I am solely responsible for my personal and, if applicable, my child's health and safety, and personal property at all times during the Event. I will abide by all Event rules, regulations established, official instructions, and all local traffic and other laws. I consent to treatment in the event of an emergency or other incident in which, in the reasonable judgment of the on-site personnel, I require medical care. If I observe any unusual hazard and/or physical ailment that may hinder my (or my child's) participation, I will remove myself from Event participation and notify Event representatives immediately. I agree that Event representatives reserve the right to remove me and/or my child from the Event if, in their sole discretion, they believe that continued participation presents a health or safety risk.

**Donation Agreement:** I understand that all donations processed by The Roswell Park Alliance Foundation are non-refundable and non-transferable, even if I do not participate in the event.

**Promotional Agreement:** I grant full permissions to organizers to use the names, photographs and videography of me (my child) and quotations from me (my child) in legitimate accounts and promotions for this event.

**I have carefully read this Waiver and Release and fully understand its contents. I am aware that by signing this waiver I am agreeing to its terms, including waiving legal rights. Knowing this, I agree to these terms of my own free will.**

**Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Must be signed by parent or legal guardian if volunteer is under 18 years of age. Volunteers must 14 years of age or older.)*

**This Registration Application form must be signed and returned to:**

Via the Mail:  
The Ride For Roswell  
Elm & Carlton Streets, Buffalo, New York 14263

Dropped off:  
The Roswell Park Alliance Foundation Office  
901 Washington Street, 3<sup>rd</sup> Floor, Buffalo, NY 14263  
or faxed to: (716) 845-1478