

Rotary Club of Lynnwood

P.O. Box 5856

Lynnwood WA 98046-5856

## Volunteer Registration FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| (Please Print) | | | | | | | | | | | | | | |
| Personal INFORMATION | | | | | | | | | | | | | | |
| First name: | | Last: | | | |  | | | | Date: | | | | |
| Email Address: | | | | | | | Cell Phone: | | | | | Home phone: | | |
| Address: | | | | City: | | | | | State: | | | | ZIP Code: | |
|  | | | | | | | | | | | | | | |
| Where would you like to help | | | | | | | | | | | | | | |
| Name: | | | | Age: | | | | Height: Gender: Weight: | | | | | | |
| Have you ever been a driver in a LEO Challenge Race before? | ❑ Yes | | ❑ No | | If so, when? | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Name: | | | Age: | | Height: Gender: Weight: | | Have you ever been a driver in a LEO Challenge Race before? | ❑ Yes | ❑ No | | If so, when? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Date(s) of race: | | | |
| **PARTICIPANT RELEASE OF LIABILITY –** I understand that the above registered participant is taking part in an activity that may be hazardous for the participant. In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the Challenge Series Race. I hereby release Life Enrichment Options, Rotary Club of Lynnwood, City of Lynnwood, Community Transit, and their respective officers, volunteers, employees or agents from liability, costs and damages arising from, or occurring to, the above identified participant’s participation in the Challenge Series Race. . The above referenced Co-Driver participant has my consent, as the participant’s parent or legal guardian, to participate in the Challenge Series Race and related activities. I also give my consent to have photos/videos taken, without recompense, during the races and activities and used for publicity purpose in printed or web format.  *Signature of Parent/Guardian Date* | | | | | | | | | | | | | |  |