



SATURDAY, MAY 21, 2011

[WWW.PLUMHILLRUNWALK.COM](http://WWW.PLUMHILLRUNWALK.COM)

## VOLUNTEER PARTICIPATION FORM

(Please print legibly to ensure accurate registration.)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Home or Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

T-Shirt Size    Med    LG    XL

Size is not guaranteed, however we will do our best to accommodate.

Times Available Friday \_\_\_\_\_ Times Available Saturday \_\_\_\_\_

Please send the completed registration form:

### Plum Hill Run Walk

PO Box 1006  
Kaukauna, WI 54130

## CONSENT & LIABILITY WAIVER

**Hold Harmless:** By participating or volunteering in the Plum Hill 5K Run/Walk for Leukemia, I agree to release and hold harmless Plum Hill Café, its officers, directors, employees and agents and the city of Kaukauna, from any and all liability, losses, claims, actions, costs, including attorney fees resulting from injury to person or damage to property arising out of my participation in the Plum Hill 5K Run/Walk for Leukemia.

**Photographic Authorization:** I hereby give Plum Hill Café, and its affiliates, permission to photograph me during the run/walk and its related activities and to use those photographs for any purpose, including, but not limited to, commercial purposes, Plum Hill Café advertisements and promotional materials.

**Medical Treatment:** As a participant in the Plum Hill 5K Run/Walk for Leukemia, I understand I may become ill or injured and medical treatment may be necessary. I give consent to City of Kaukauna Paramedic & Ambulance service medical staff and/or volunteers to evaluate, treat injuries/illnesses and activate emergency care as indicated.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Guardian Signature , if volunteer is under age 18)