

VOLUNTEER APPLICATION FORM



Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Cell) _____
(Work) _____

E-Mail: _____

Birthdate: _____

42 West 38th Street, Suite 400
New York, NY 10018
T: 212.354.0300 F: 212.354.3978
www.achillesinternational.org

Do you speak any languages other than English? _____

Male _____ Female _____

Running level (check one): beginning _____ intermediate _____ advanced _____

How many marathons, if any, have you completed? _____

What is your occupation? _____

Does your employer participate in matching donation programs? _____

If so, please list your employers name and the contact information for the program administrator _____

Any professional skills you may be able to offer your chapter? (driving, lawyer, PR, bike mechanic, etc...) _____

Check one of the following:

_____ I don't know of any Achilles Chapters in my area. Please send me the name of a chapter near me.

_____ I will be affiliated with the following Achilles Chapter _____

_____ Please keep me informed about volunteer opportunities for marathons and races.

Do you have experience assisting people with disabilities? yes _____ no _____

If you answered yes to the previous question, list the types of disabilities and describe your experience: _____

Send me a tee shirt in size (check one) _____ small _____ med _____ large

PLEASE READ THE FOLLOWING WAIVER AND CLICK THE CHECK BOX INDICATING THAT YOU HAVE READ AND UNDERSTOOD IT

Waiver: I know that participating in Achilles running or other athletic events is potentially hazardous. I agree not to enter any Achilles race, activity, or sponsored event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. As a volunteer, I assume all risks associated with participating, including, but not limited to: falls, contact with vehicles, other participants, spectators, or others, the effect of the weather, including high heat, extreme cold and/or humidity, traffic conditions of the road, all such risks being known and appreciated by me.

Having read this Waiver and knowing these facts, and in consideration of your accepting my application, I, for myself or for my child and anyone else entitled to act on my behalf, waive and release Achilles International (aka Achilles Track Club), Achilles Kids Program, New York Road Runners Club, Inc., Road Runners Club of America, The City of New York and all its agencies, New York Cares, all sponsors of Achilles and any of their races or events, members and volunteers, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in any Achilles event or related activities, even though that liability may arise out of ordinary negligence or fault on the part of the persons named in this Waiver. By registering for a New York Road Runners Race through Achilles International, I hereby grant my permission to Achilles International to act as proxy on my behalf for that race with full authorization to execute consents, waivers and releases included in the Achilles International registration. I further grant my permission to all the foregoing to use photographs, motion pictures, recordings, or any other record of my participation in Achilles International for any legitimate purpose, without remuneration.

I have read this waiver _____