



Bike Safe I M Foundation Worker/Pacer Volunteer Application



Volunteer Name: _____

Address: _____

Email: _____

Phone: (_____) _____ or (_____) _____

Male/Female: _____ Age _____ Shirt Size (if applicable): _____

I am volunteering to help. Please list all dates/events available below:

Cyclist Pacer for running event(s): _____

_____ List all event dates/names above

Water Station during cycling event(s) on _____

Packet Pickup before cycling event(s) for _____

Event: _____ Set up Work Tear Down

Event: _____ Set up Work Tear Down

I can't help as an event volunteer, but I'd like to support Bike Safe I M in

another way: _____

List the way you'd like to help.

By submitting this volunteer form I acknowledge :

- 1) I have never been convicted of a crime more serious than a traffic violation, and
- 2) I, for myself and anyone entitled to act on my behalf, waive and release Bike Safe I M and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature (if a minor, Parent/Guardian signature) Date: _____

Mail to: **Bike Safe I M, P.O. Box 6693, Lincoln, NE 68506**
or scan and email to **info@bikesafeim.org**

Don't forget to visit us at: www.bikesafeim.org.