



Volunteer Registration Form

**Please note: course volunteers must be 18 or older, all other volunteers must be 16 or older.*

Completed forms can be scanned and emailed to chadhero@hitchcock.org or mailed to CHaD HERO HQ / CHaD Community Relations at 1 Medical Center Drive Lebanon, NH 03756

First Name: _____ Last Name: _____ Age*: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: _____ Company: _____

Please check the volunteer job you would like to do. If you are a returning CHaD HERO volunteer, please tell us where you have worked in the past:

- Pre-event Registration & Bib Pick-up**— Help hand out bibs, register participants, hand out t-shirts, or process payments at bib pick-up on Saturday, October 8.
- Event Set-up**— Help set the stage (literally) for this heroic event! This job includes setting up tents, banners and much more. *Heavy lifting, being on your feet for long periods of time required.*
- Event Day Registration & Bib Pick-up**— Help hand out bibs, register participants, hand out t-shirts, or process payments at bib pick-up on event day, Sunday, October 9.
- *Course Safety/Traffic Control**—Help manage vehicle and runner traffic on the course to keep runners/walkers safe (must be age 18+) ***needs the most volunteer help**
- Race Amenities/Start Area**— Staff our baggage area, info booth, and much more
- Finish Area**—Assist runners/walkers at the finish line
- Water Stop**—Gather 15 friends, family or co-workers and staff a water stop. PLEASE NOTE, first priority is given to Water Stop Sponsors to staff their sponsored water stop.
- Participant Food Area**—Help set-up and serve food to race participants and volunteers
- Kidzone**—Help staff activities for kids and families
- Event Clean-up**— When all is said and done, help us take it all down and leave things cleaner than when we got there. *Heavy lifting, being on your feet for long periods of time required.*
- Post-Event Support**— Assist our staff after the event with data entry and other post-event administrative tasks; cleaning, sorting and organizing left over event supplies and other tasks as needed (office hours Monday-Friday)

Volunteer History:

- I've volunteered for the CHaD HERO in the past I've volunteered for other Dartmouth Health Children's events
- I'm a new Dartmouth Health Children's volunteer

WAIVER—I understand that all payments, including, but not limited to, my donations made to Dartmouth Health Children's are non-refundable and non-transferable, even if I do not participate in the CHaD HERO event.

I understand that team fundraising totals do NOT count towards my individual fundraising efforts.

In consideration of my participation in CHaD HERO, a fundraising event of Dartmouth Health, and all related activities, I hereby assume all risk of injury and death. I agree on behalf of myself, and all my heirs, executors, administrators, personal representatives, agents, and assigns to release and forever discharge Dartmouth Hitchcock Clinic, Dartmouth Health Children's, Children's Hospital at Dartmouth Hitchcock (CHaD), Mary Hitchcock Memorial Hospital, Dartmouth Health, sponsors, volunteers, and their affiliates, related entities, directors, officers, employees, agents, representatives, successors, and assigns from any and all claims, causes of action, or liabilities, known or unknown, in any manner arising from or associated with my participation in activities associated with the CHaD HERO events.

If I am under the age of 18 years, this release and hold harmless agreement is signed on my behalf, and agreed to, by my parent or guardian.

I hereby give full permission for the use of my name and photograph in connection with this event, and agree and understand Dartmouth Health Children's may video, record and photograph CHaD HERO events, and I authorize Dartmouth Health Children's irrevocably, to copy, distribute, publish for any purpose—via any media, such as websites, printed materials, multi-media presentations, etc.—those videos, recordings, and photographs or any parts thereof.

Signature: _____ Printed Name: _____ Date: _____