



www.MHMSfamilyfunrun.org

VOLUNTEER FORM MHMS Family Fun Run, May 5th 2019

Name: _____

(Please Print)

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____

E-mail Address: _____

YES! I can HELP! Please sign me up to assist with:

- | | |
|---|---|
| <input type="checkbox"/> Bib Distribution at Marathon Sports
Sat May 4th, 11:00 AM-1:00 PM | <input type="checkbox"/> Hold signs along the route 8:45- 9:45 AM |
| <input type="checkbox"/> Bib Distribution at Marathon Sports
Sat May 4th, 1:00-3:00 PM | <input type="checkbox"/> Work at Water Stop 8:45-9:45 AM |
| <input type="checkbox"/> Race Day Set-up 6:30-7:30 AM | <input type="checkbox"/> Clean-up Crew 10:30-11:30 AM |
| | <input type="checkbox"/> Race Photographer |

T-Shirt Size: (Adult) _____ Small _____ Medium _____ Large _____ X-Large _____

Waiver: By signing this form, I on behalf of myself, my heirs, executors and administrators, (or in the same manner on behalf of my participating child or ward) waive and release any and all rights and claims for damages I may have against the MHMS Family Fun Run, Meeting House Montessori School and sponsors, coordinating groups and any individuals associated with the event, their representatives and assigns, and will hold them harmless for any and all injuries suffered in connection with this event. I attest that I am physically fit to assist with this event. Further, I hereby grant full permission to any and all of the foregoing to use my likeness in all media including photographs, pictures, recordings or any other record of this event for any legitimate purpose.

SIGNATURE (Parent or Guardian if under 18 years of age)

X _____

PLEASE MAIL TO: Meeting House Montessori School, 85 Washington St., Braintree, MA 02184

**Meeting House
Montessori School**

**85 Washington St, Braintree MA 02184
Phone 781-356-7877
www.mhmontessori.org**

