

# Volunteer Information

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**First Name**

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**Last Name**

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**\* Age Group**

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**male/female**

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**Your school or company**

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**Your Email Address**

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**Best Phone Number to reach you**

All fields required unless otherwise indicated

\* Age groups: 11-12, 13-14, 15-16, 17-18, 19-20, 21+

## RUBY'S RUN 2009

**Adult Waiver:** As a volunteer at this event (Ruby's Run), I assume all risks associated with participating in the event. I hereby waive and release the race organizing committee, the Mayor and City of Richmond, the Department of Parks and Recreation, Public Works, all sponsors, all volunteers, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising from my participation in this event or related activities.

**Under 21 Waiver:** I am voluntarily permitting my teenager to volunteer at this event (Ruby's Run) and assume all risks associated with participating in the event. I, for my teen and anyone entitled to act on his/her behalf, waive and release the race organizing committee, the Mayor and City of Richmond, the Department of Parks and Recreation, Public Works, all sponsors, all volunteers, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising from my teenager's participation in this event or related activities.

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Required Signature on above line

Date

**For Volunteers under 21 years old - Waiver must be signed and dated.  
Must be signed by volunteer's parent or guardian**

Volunteer's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
*(please print)*

Address: \_\_\_\_\_

Email or phone contact: \_\_\_\_\_

PLEASE PRINT THIS FORM.  
MAIL COMPLETED FORM TO:

Ruby's Run  
Post Office Box 70176  
Richmond, VA 23255

THANK YOU ☺