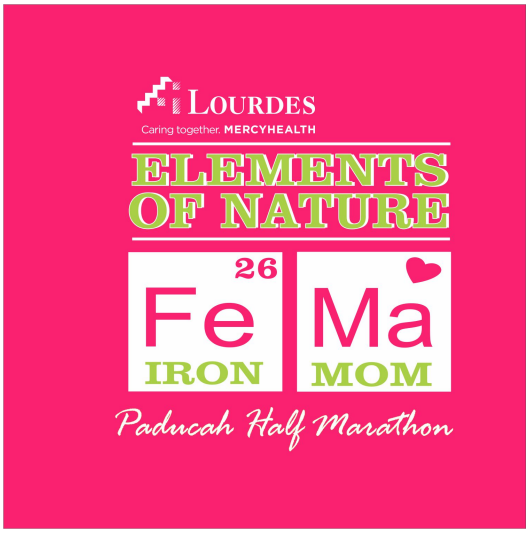

Send completed form to:
Family Service Society
827 Joe Clifton
Paducah, KY 42001
Attn: Mary Alice McHale
fssinfo@vci.net
270-443-4838
www.paducahironmom.com

VOLUNTEER REGISTRATION FORM

For all volunteer assignments, please complete the following information:

First Name Last Name

Address

City State Zip Code

Phone Cell Phone

Email Address

Gender: ☐ F ☐ M Age: 13-17 ☐ 18 and up ☐

T-Shirt Size: (Adult Unisex Sizes) S ☐ M ☐ L ☐ XL ☐ XXL ☐

Experience/Comments:
Previous volunteer experience (with races or other athletic events). Please describe: _____

Other Volunteer Experience: _____

Name of company or non-profit agency you are affiliated with (if applicable): _____

I, for myself as well as for my heirs, executors, administrators, trustees, and assigns, hereby waive and release any and all rights and claims for any fatality injuries and/or damages, including, but not limited to, demands or actions for negligence, premises liability, emotional injury, intentional conduct, tort claims, and any other actions or demands of whatsoever nature I have or may have in connection with my participation as a volunteer in the Paducah Iron Mom against all sponsors of the Paducah Iron Mom and otherwise agree to hold these entities harmless. I acknowledge that I am aware of the inherent risks (physical and otherwise) involved in volunteering for the event and I voluntarily assume these risks. I further attest and certify that I am physically capable of performing the tasks required for the volunteer job(s).

_____ Date: _____
Signature of Volunteer

_____ Date: _____
Name of Parent/Guardian

By entering my name above, I represent that I, as a valid parent/guardian, of _____ am completing this form and agree to the above waiver/release.