

# Iron Hill Twilight Criterium Weekend

July 6-8, 2007  
Hosted by the  
**West Chester Cycling Classic**  
**Volunteer Form**



**West Chester Cycling Classic**  
119 N. High St  
West Chester, PA 19380  
tel 610.696.4046  
fax 610.696.9110  
[www.ironhilltwilightcriterium.com](http://www.ironhilltwilightcriterium.com)

Thank you for your interest in being a part of the Iron Hill Twilight Criterium Weekend. Please complete and submit the following application and attached waiver by mailing or faxing to the address under the logo before July 4, 2007. We will contact you in June with assignments and information.

NAME	EMAIL	
MAILING ADDRESS		
CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE
AGE	Gender (Please check) <input type="checkbox"/> M <input type="checkbox"/> F	
EMERGENCY CONTACT		PHONE

Volunteers must be 18 years of age or older.

### Check Off Your Areas Of Interest

	Area of Interest	When Needed	Comments:
___	Event Planning & Public Relations	Needed the weeks prior to the event	
___	Race Course Marshals	Saturday, July 7, 2007	
___	Criterium Fitness Expo Ambassadors	Saturday, July 7, 2007	
___	Security	Saturday, July 7, 2007	
___	Traffic Control	Saturday, July 7, 2007	
___	Medical Professionals	Saturday, July 7, 2007	
___	Kid's Sprint	Saturday, July 7, 2007	
___	Community Ride Support	Saturday, July 8, 2007	

All volunteers will receive an event t-shirt.

T-SHIRT SIZE:

\_\_\_ Medium \_\_\_ Large \_\_\_ X-Large

**VOLUNTEER'S ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY,  
ASSUMPTION OF THE RISK AND AGREEMENT NOT TO SUE**

West Chester Cycling Classic, LLC's "Iron Hill Twilight Criterium"  
Race and Ride Series

Friday, July 6 to Sunday, July 8, 2007

In consideration of the event or program organizer allowing me the opportunity to participate in the above named program or event:

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND OTHERWISE RELEASE FROM LIABILITY WEST CHESTER CYCLING CLASSIC, LLC, THE CHAMBER OF COMMERCE OF GREATER WEST CHESTER, WEST CHESTER CYCLING CLUB AND THEIR RESPECTIVE AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS AND AFFILIATES (COLLECTIVELY "RELEASEES"), FOR INJURIES AND DAMAGES I MAY SUSTAIN AS A VOLUNTEER FOR THE ABOVE-REFERENCED EVENT AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS DOCUMENT IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I attest that I am eighteen (18) years of age or older and am physically fit sufficiently to participate in all activities associated with my role as a volunteer in the program or events noted above and my participation in such program or events is voluntary.

I acknowledge that cycling is an inherently dangerous sport and fully realize the dangers of participating as a volunteer in the bicycle program or events, and **FULLY ASSUME THE RISKS ASSOCIATED WITH SUCH PARTICIPATION INCLUDING THE RELEASEES' OWN NEGLIGENCE**, the negligence of others and weather conditions; and the possibility of serious physical and/or mental trauma or injury, or death associated with my activities as a volunteer for a cycling event or program.

For myself, my heirs, executors, administrators, legal representatives, assignees, and successors in interest (collectively "Successors") **I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT TO SUE** the Releasees and all sponsors, organizers, promoting organizations, property owners, law enforcement agencies, public entities, special districts and properties that are in any manner connected with the West Chester Cycling Classic's Iron Hill Twilight Criterium Race, series of rides, and related program or events, and their respective agents, officials, and employees through or by which the events or program will be held, (the foregoing are also collectively deemed to be Releasees), **FROM ANY AND ALL RIGHTS AND CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASEES' OWN NEGLIGENCE**, which I have or which may hereafter accrue to me, and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the program or events, or travel to or return from the program or events.

WAIVER & RELEASE CONTINUED ON REVERSE SIDE

Initial \_\_\_\_\_

I agree it is my sole responsibility to be familiar with the course of the program or events, the Releasees' rules, and any special regulations for my role as a volunteer in the program or events and agree to comply with all such rules and regulations. I understand and agree that situations may arise during the program or events which may be beyond the control of Releasees, and I must participate so as to neither endanger myself nor others. I accept responsibility for my conduct in connection with the program or events. I have no physical or medical condition which would endanger myself or others if I participate as a volunteer in the program or events, or would interfere with my ability to safely participate as a volunteer in the program or events.

I agree, for myself and my Successors, that the above representations are contractually binding, and are not mere recitals, and that should I or my Successors assert a claim contrary to what I have agreed to in this contract, the claiming party shall be liable for all expenses (including legal fees) incurred by Releasees in defending the claims. This contract may not be modified orally, and a waiver or modification of any provision shall not be construed as a waiver or modification of any other provision herein or as consent to any other waiver or modification. I acknowledge and participate as a volunteer in the program or events subject to the limitations and conditions of insurance coverage stated in the beginning of this contract. I consent to the release by any third party to Releasees and their insurance carriers of my name and medical information that may relate solely to any injury or death I may suffer arising from the program or events. Every term and provision of this contract is intended to be severable. If any one or more of them is found to be unenforceable or invalid, that shall not affect the other terms and provisions, which shall remain binding and enforceable.

In the event that I am unable to do so on my own because of an injury, I consent to administration of first aid and other medical treatment in the event of injury and agree to pay the costs of any such treatment.

I hereby state that I have read and understand the above stated terms and conditions.

\_\_\_\_\_  
Volunteer's Name (Printed)

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell / Home Number

West Chester Cycling Classic, LLC  
119 N. New St.  
West Chester, PA 19380  
PHONE 610-696-4046  
FAX 610-696-9110  
[www.ironhilltwilightcriterium.com](http://www.ironhilltwilightcriterium.com)