

race AGAINST racism

eliminating racism
empowering women **ywca**

Saturday, April 24, 2010 @ 9 a.m.
YWCA York

YWCA York is holding the YWCA Race Against Racism to unite people of all races, demonstrate our community's commitment to eliminating racism, and celebrate our diversity. Net proceeds will support community and YWCA racial justice efforts.

Please return your completed form to:
YWCA Race Against Racism, 320 E. Market Street
York, PA 17403 or FAX: 843-7511

VOLUNTEER REGISTRATION

Thank you for volunteering with the YWCA Race Against Racism. Listed below are the many opportunities with accompanying timeslots. To register, please complete this form by marking your first, second and third choice(s) and returning it to YWCA York.

You will be contacted closer to the date of the race to confirm your assignment. In the meantime, if you have any questions, feel free to contact us via e-mail at raceagainstracism@ywca.org.

Yes, I'm interested in volunteering for the **YWCA Race Against Racism**.

Name: _____ Phone: _____

Email: _____

Address (include zip): _____

Choice	Volunteer Job	Time	Choice	Volunteer Job	Time
	Set up	6 am		On course to guide racers	7:45am
	Race registration	6:45 am		Finish line/chute volunteer	8 am
	Packet Pick Up	6:45 am		Kids Fun Run	8 am
	Refreshment table	8 am		Tear down / clean up	10 am

Mark the **choice** box of the **Volunteer Job** noting your preferences as 1st, 2nd, and 3rd choices.

Please check your t-shirt size: S M L XL XXL

Emergency Contact Person & phone number _____

School affiliation, if any _____

In consideration of the acceptance of this registration, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, administrators and personal representatives, hereby waive and release any and all rights and claims for damages, illness, injuries or losses which I have or which may accrue to me against all race officials and all organizations conducting or involved in this event, including, but not limited to, YWCA York, their respective officers, directors, employees, representatives, successors, assigns, and sponsors, that may result from my participation in this event. Further, I hereby grant full permission to the aforementioned persons and organizations to use my name and/or picture in any newspaper, photograph, video tape, motion picture, recording, or any other account of this event for any purpose whatsoever.

Signature _____

***If volunteer is under 18 years of age, a parent/guardian signature is required below.**

Parent/Guardian Signature _____