



10 Miler and 5K
Saturday, October 2, 2010

VOLUNTEER FORM

Please print neatly using capital letters *One form per person

Organization Name (if applicable) _____

Name (First) _____ (Last) _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Evening Phone # _____

E-mail address _____ Emergency Contact Phone # _____

(Circle one) M F Birthday ____/____/____

How did you find out about Buffalo Stampede? _____

T-shirt size (circle one) S M L XL XXL Are you running this year's race? Y N

Do you have a physical or medical condition that would affect the type of job assigned to you? Y N
If yes, please explain _____

Available Jobs

Please number your top 5 choices

Race Week:

_____ Filling Race Packets
_____ Tues. Sept. 28 from 1-4

Race Day (Start):

_____ 5:30 AM set up
_____ Parking
_____ Chip Distribution
_____ Packet Pick-up
Course _____ Flagging Traffic
_____ Water/Aid Stations

Race Day (Finish):

_____ Brazos Valley Museum Start/Finish Area
_____ Water/Aid Station
_____ Food Tent
_____ Chip Retrieval
_____ Post Race Tear down/Clean-up
_____ Race Route Water Station Teams

*Volunteers must attend a **mandatory orientation** either
Tues. Sept. 28 at 4:30 pm _____ or Thurs. Sept. 30 at 5:30 _____

Release Form: I assume all risks associated with my participation as a volunteer worker for the 2010 Buffalo Stampede 10 Miler & 5K including, but not limited to: injuries, contact with other participants including registered runners and other volunteers, the effects of weather, and traffic hazards of the road, all such risks are known and appreciated by me. Having read this waiver I, for myself and anyone entitled to act on my behalf waive and release Buffalo Stampede, its employees and volunteers, all city and county governments and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature _____

Date _____

Parent signature if participant is under 18 years of age _____

Please mail form to : Brazos Valley Museum of Natural History
Attn: Buffalo Stampede
3232 Briarcrest Drive
Bryan, TX 77802

Fax #: (979) 774-0252

E-mail: buffalostampede@earthlink.net

Questions? Please call the Museum office at (979) 776-2195

WWW.BRAZOSVALLEYMUSEUM.ORG