



2005 TOUR OF CONNECTICUT
Litchfield Hills Road Race
Sunday, May 22nd

VOLUNTEER APPLICATION FORM
 * Volunteers must be 18 or older

Thank you for your interest in becoming a part of the **2005 Tour of Connecticut**. Please complete and return the application to:

Korin Mathews
Volunteer Coordinator
The First National Bank of Litchfield
13 North St.
Litchfield, CT 06759
Tel 860-567-6473 Fax 860-567-4827
Email: kmathews@fnbl.com

NAME _____ DATE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL _____ CELL PHONE _____

T-SHIRT SIZE: XS S M L XL

WHAT POSITION(S) INTEREST YOU?

- | | |
|-----------------------------------|---------------------------------|
| _____ Course Marshal Torrington | _____ Course Marshal Cornwall |
| _____ Course Marshal Winchester | _____ Course Marshal Kent |
| _____ Course Marshal Norfolk | _____ Course Marshal Warren |
| _____ Course Marshal North Canaan | _____ Course Marshal Washington |
| _____ Course Marshal Canaan | _____ Course Marshal Morris |
| _____ Course Marshal Salisbury | _____ Course Marshal Litchfield |
| _____ Course Marshal Sharon | |



USA CYCLING, INC.

VOLUNTEER PROGRAM

In response to requests from promoters, USA Cycling has implemented use of the attached Volunteer Liability Release. The intent of this form is to be sure the volunteer(s) understand they are *not* covered by accident insurance or workman's compensation insurance. If they are injured, they are responsible for their own medical expenses.

Volunteers are covered by the USA Cycling event liability policy. In the event they were enjoined in a lawsuit, they would be defended, (and settlement would be paid on their behalf), by the liability insurance carrier assuming allegations do not result from intentional or deliberate acts or as a result of their professional occupation.

VOLUNTEER'S ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

Event Name: _____

Type of Volunteer Activity: _____

Event Date(s): _____

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

- I attest and verify that I am eighteen (18) years of age or older, physically fit and sufficiently trained to participate in all activities associated with the program or events noted above. My participation in activities and events organized or sponsored by USA Cycling Inc. and its member associations, including the USCF, NORBA, USPro and the NCCA, is voluntary.
- I assume all risks associated with my participation in activities and events organized or sponsored by USA Cycling Inc. and its member associations, including injuries or illness to person and damage or loss to property.
- For any injury, illness, property damage or loss suffered or sustained by me which is in any way associated with my participation in, travel to and from, or other activity associated with the above noted program or event, I do hereby, for myself, my heirs, my administrators and executors, forever WAIVE, RELEASE AND DISCHARGE and agree to indemnify for any and all rights and claims, for any expenses, damages or other losses which I may have or which may hereinafter accrue, against USA Cycling, its member associations, member clubs, sponsors and organizations or their respective representatives, officers, directors, employees, agents, successors and assigns. I agree to abide by the participant rules and policies adopted from time to time by USA Cycling and its member associations.
- 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 information.

Volunteer's Name (Printed)

Volunteer's Signature

Date Signed

USA CYCLING ■ 1 OLYMPIC PLAZA ■ COLORADO SPRINGS CO 80909 ■ PHONE 719/866-4581

■ FAX 719/866-4628 ■ E-mail: membership@usacycling.org

USA CYCLING, INC.

**MINOR VOLUNTEER'S ACKNOWLEDGEMENT, WAIVER AND RELEASE OF
LIABILITY**

Event Name: _____

Type of Volunteer Activity: _____

Full Name of Child: _____ Date of Birth: _____

Event Date(s): _____

In consideration of the event organizer allowing my child or minor ward the opportunity to participate in its above named program or event:

- I attest and verify that my child is physically fit and sufficiently trained to participate in all activities associated with the program or events noted above and assume all risks associated with my child's participation, including injuries or illness to person and damage or loss to property. As consenting parent or guardian, my child's participation in activities and events organized or sponsored by USA Cycling Inc. and its member associations, including the USCF, NORBA, USPro and the NCCA, is voluntary.
- For any injury, illness, property damage or loss suffered or sustained by my child which is in any way associated with my child's participation in, travel to and from, or other activity associated with the above noted program or event, I do hereby, for myself, my heirs, my administrators and executors, forever WAIVE, RELEASE AND DISCHARGE and agree to indemnify for any and all rights and claims, for any expenses, damages or other losses which my child or his or her guardian may have or which may hereinafter accrue, against USA Cycling, its member associations, member clubs, sponsors and organizations or their respective representatives, officers, directors, employees, agents, successors and assigns. I agree my child shall abide by the participant rules and policies adopted from time to time by USA Cycling and its member associations.
- In my absence, I consent to administration of first aid and other medical treatment to my child in the event of injury and agree to pay the costs of any such treatment.

I hereby state that I am the legal guardian of the child identified above and that I am authorized to make this decision. I have read and understand the above stated information.

Parent or Guardian's Name (Printed)

Signature of Parent or Guardian

Date Signed

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