



**2005 TOUR OF CONNECTICUT**  
**New Haven, Stage One**  
 **criterium Race Around the Green**  
**6 to 8 PM, Friday, May 20<sup>th</sup>**

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:

**Andy Lipsiner**  
**Volunteer Coordinator**  
**383 Orange Street, #4**  
**New Haven, CT 06511**  
**Tel 203-777-6343**  
**Email: lipspinn2@yahoo.com**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**WHAT POSITION(S) INTEREST YOU?**

VOLUNTEER POSITION DESCRIPTION

\_\_\_\_\_ Course Marshal

\_\_\_\_\_ Banner Set-up/Tear Down

\_\_\_\_\_ Course Set-up/Tear Down

\_\_\_\_\_ Start/Finish Line Crew

Course Marshal training will take place on Friday, May 20<sup>th</sup> (prior to the race) at 5 PM at the Start/Finish line on the New Haven Green (Church St. between Elm and Chapel).

**Please be sure to fill out and sign the Volunteer Release Form on the back**



# 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](mailto:membership@usacycling.org)

## USA CYCLING, INC.

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

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Event Name: \_\_\_\_\_

Type of Volunteer Activity: \_\_\_\_\_

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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.

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Parent or Guardian's Name (Printed)

Signature of Parent or Guardian

Date Signed

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