



## Volunteer Waiver Form

*I recognize and acknowledge that there are certain risks of physical injury to volunteers in this event, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of severity that I may sustain as a result of volunteering in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims I may have as a result of volunteering against the Neighborhood Food Pantry, The Forest Preserve District of DuPage County, Mallard Lake Forest Preserve, the Shopping Car Shuffle Race Committee, Race Time, Inc., and their respective sponsors, officials, agents, volunteers, elected officials, past and present board members and employees (hereinafter collectively referred to as "Parties").*

*I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages or losses that I may have, or which may accrue to me arising out of, connected with, or in any way associated with this event. I further agree that this agreement shall be governed by the law of the State of Illinois.*

*By volunteering in this event, the race committee will have the right to reproduce/use videos and photos taken of the event and participants/volunteers on race day as well as posting on the internet.*

*I have read and fully understand the above assumption of risk and waiver and release of all claims.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date