



2017 VOLUNTEER APPLICATION

Please help us serve our veterans by getting involved. We truly value your participation and need your assistance to make these endeavors a success. More specific information about the event or your specific assignment will be provided as soon as possible.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Age: _____

EVENTS:

_____ Shirley Ryan Ability Lab Military Sports Camp– Chicago, IL - 7/6-10

_____ Homestretch for Heroes 5K – Arlington Park Racetrack - 8/8

_____ Bank of America Chicago Marathon - Chicago, IL - 10/8

Have you volunteered for SALUTE, INC. before? ____ yes ____ no In what way? _____

Please check your T-Shirt Size (preference):

Sizes (Adult): ____ Small ____ Medium ____ Large ____ X-Large ____ 2XL

VOLUNTEER WAIVER

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity that my minor child and/or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child may be entitled to (or accrue to me or my minor child) as a result of volunteering in these programs/activities against: Salute, Inc., including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge Salute, Inc. from any and all claims for injuries, damage or loss that my minor child or I may have or which may accrue to me or my minor child and rising out of, connected with, or in anyway associated with these activities. Volunteers or their parents hereby permit the taking of photographs, audio, or video taping during the Salute, Inc. activities for publication and use as Salute, Inc. deems appropriate.

I have read and fully understand the above and waive and release all claims:

Volunteer Signature: _____ Date: _____
(parent signature if volunteer is under the age of 18)

Applications may be mailed, e-mailed or faxed to: **SALUTE, INC., PO Box 2663, Palatine, IL 60078-2663**
(847) 359-8811 ♦ (847)359-8818 (fax) ♦ email: saluteinc@yahoo.com

www.saluteinc.org