11th Annual Hope 4 You Breast Cancer 5K Run and 1 Mile Walk

Saturday, June 1st, 2019 at Missouri Southern State University, Joplin, Missouri

3950 East Newman Road, Just North of Hughes Stadium

Volunteer Registration Form

Proceeds from RACE4HOPE Race/Walk will benefit Hope 4 You Breast Cancer Foundation, an organization with the mission of working with the local area to raise awareness, provide support, offer education and instill HOPE for those afflicted with and affected by Breast Cancer.

RACE DAY SCHEDULE:
6:30 AM – Registration
7:45 AM – Survivor Ceremony
8:00 AM – Race 4 Hope
9:00 AM – Awards Presentations

Early Check-in /T-Shirt Pickup:
Friday, May 31, 3 - 6 pm
The Runaround, 422 S. Main
Joplin, MO

LOCATION:
MSSU Tom Rutledge Cross Country Course, 3950 E. Newman Rd, Just North of Hughes Football Stadium
Rain or Shine!

YOU MAY ALSO VOLUNTEER ONLINE @ HTTPS://WWW.SIGNUPGENIUS.COM/GO/5080C4EACA92EA3FA7-RACE4HOPE

FOR ADDITIONAL RACE INFORMATION INCLUDING EARLY PACKET PICK-UP, PLEASE VISIT WWW.HOPE4YOUBCF.ORG

Hope 4 You 5K Run/Walk Volunteer

_____ _____
LAST NAME *FIRST NAME*

_____
ADDRESS

_____ _____ _____
CITY *STATE* *ZIP*

_____ _____
PHONE *E-MAIL*

SEX: M / F

T-SHIRT SIZE (COMPLIMENTARY)
☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

VOLUNTEER ASSIGNMENTS (PLEASE CHECK WHERE YOU PREFER TO HELP)
☐ Packet Pick up/T-Shirt Distribution 3 – 6 pm Friday May 31

Race Day Assignments Saturday June1
☐ Day of Registration 6 am ☐ Course Check Points 7 am

☐ Day of Packet Pick up 6 am ☐ As Needed 6 am

☐ Hydration Stations 7 am

In consideration of your accepting this volunteer form, I the undersigned, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Hope 4 You Breast Cancer Foundation, MSSU, and the officials and sponsors of the Race 4 Hope. I acknowledge that I am aware of the inherent risks of volunteering for an athletic event of this type. I attest and verify that I am physically fit and capable of volunteering for this event. Further, I grant full permission to the Hope 4 You Breast Cancer Foundation to use photographs, videotapes, motion pictures and recordings of me, or any other record of this event for any legitimate purpose.

_____ _____
SIGNATURE *DATE*

(IF UNDER 18, YOU MUST HAVE A PARENT OR GUARDIAN SIGN)

Signed volunteer forms may be faxed to Kris Drake, Race4Hope Volunteer Coordinator, at 417-347-9328, emailed to mcdrake@freemanhealth.com or mailed to her attention at:

RACE 4 HOPE / VOLUNTEER
HOPE 4 YOU BCF
P.O. BOX 816
JOPLIN, MO 64802
POSTMARK BY MAY 20, 2019