



The Sadie Rose Foundation P.O. Box 382 Dayton, VA 22821
540-810-0307 – srfwalkrun@gmail.com – www.sadierosefoundation.org
Support for those grieving the death of a child

Sadie Rose Walk, Run, and Fun Day Volunteer Teams and Information

Event is Sunday, May 22, 2016. Times for volunteers to arrive are listed next to the teams.

A HUGE THANK YOU to all who are interested in volunteering for this event! We could not host this event without YOU!

Please fill out the following volunteer information and return to your volunteer coordinator or the The Sadie Rose Foundation by mail, email, or in person. (Contact info below logo above.)

Name of Volunteer Coordinator (if volunteering with a team) _____

Name of Volunteer _____

Best Contact Info of Volunteer _____

Age of Volunteer _____ (If younger than 15, please bring an adult with you)

Volunteer Team Preference (Please list three) _____

Team Name (if applicable) _____

Child/Children you are volunteering in memory of (if applicable) _____

“Because the path of grief after losing a child should never be walk alone.”

With appreciation,

Lee and Regina Harlow, co-founders of The Sadie Rose Foundation

Lauren Jefferson, race director

Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer in relief efforts to be conducted by The Sadie Rose Foundation, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise or other activity of any nature, including the use of equipment and facilities of The Sadie Rose Foundation.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge The Sadie Rose Foundation and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Virginia, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date: _____ Signature: _____ Print Name: _____

Parent/Guardian Signature required for ALL volunteers under 18 years of age

Parent/Guardian _____