



## 2010 Bicycle Tour of Colorado Volunteer Information

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

EMAILADDRESS \_\_\_\_\_

YEARS VOLUNTEERED 95 96 97 98 99 00 01 02 03 04 05 06 07 08 09

Can You Drive a 15' Truck YES NO Can You Drive a 24' Truck YES NO

Desired Assignment(s) 1) \_\_\_\_\_ 2) \_\_\_\_\_

ROOMATE \_\_\_\_\_ SMOKER \_\_\_\_\_ NON-SMOKER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL CONDITIONS NO YES (EXPLAIN) \_\_\_\_\_

ALLERGIES NO YES (EXPLAIN) \_\_\_\_\_

CURRENT MEDICATIONS NO YES (EXPLAIN) \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

T-SHIRT SIZE (CIRCLE ONE) \_\_\_\_\_ S M L XL XXL

DENIM SHIRT SIZE (CIRCLE ONE) \_\_\_\_\_ S M L XL XXL

COAT SIZE (CIRCLE ONE) \_\_\_\_\_ S M L XL XXL

**YES NO I CAN HELP PICK UP VEHICLES ON JUNE 14, 15, 16, and/or 17.**

Please return this page and the accompanying waiver to the address or fax number below by March 31, 2010.

Thank You!  
Kent Powell  
Director

Bicycle Tour of Colorado  
P.O. Box 719  
Morrison, CO 80465  
phone 303-985-1180 Fax 303-988-9568



**2010  
Bicycle Tour of Colorado  
Volunteer Information**

**WAIVER AND RELEASE**

**Bicycle Tour of Colorado Release, Waiver of Liability, Assumption of Risk,  
and Indemnity and Parental Consent Agreement**

In consideration of the acceptance of my entry, the undersigned participant, for myself, my family members, heirs, administrators, personal representatives, successors and assigns hereby fully release, discharge and hold harmless Bicycle Tour of Colorado, Inc. (BTC), any vendors, any sponsors, owners and operations of motor vehicles and officers, directors, employees, volunteers and lessors of any of the foregoing persons or entities from any and all liability, whether resulting from negligence of any aspect of the BTC and hereby acknowledge that the above persons and entities have no obligation to provide medical care and have not undertaken the responsibility to do so. In the event that I receive medical care as a result of a medical emergency, I hereby consent to such care and fully release the person(s) providing such care from any and all liability, whether resulting from negligence or otherwise. I authorize and consent to persons employed or contracted or BTC, whether by videotape, film, newsprint, written advertisement, or otherwise, of any materials containing my name or picture and release any sponsors and all persons acting under authority from any claims I might have due to initial or subsequent publication of any such materials or photographs. I acknowledge that if my photo or name is used in such materials I will not be receiving any compensation whatsoever. I hereby certify that I have fully read and understand for foregoing release, waiver and covenant not to sue, and sign it voluntarily.

PRINT NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(Please sign waiver/release (above) and return with the cover page information by fax or mail to: BTC, P.O. Box 719, Morrison, CO 80465 or fax 303-988-9568)

We must have a signed waiver for you to participate as a volunteer at this year's tour.