



## RACE VOLUNTEER INTEREST FORM

<b>Name:</b>		
<b>Home Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone Number:</b>		<b>Office Phone:</b>
<b>Cell Phone Number:</b>		<b>Email:</b>
<b>If student, please answer:</b>	<b>Grade 2011/12:</b>	<b>School:</b>

Check any/ all shifts for which you are available to volunteer:

- Thursday, September 29<sup>th</sup> 6:00pm-8:30pm
- Friday, September 30<sup>th</sup> 4:00pm-7:30pm
- Saturday, October 1<sup>st</sup> 6:30am-9:30am
- Saturday, October 1<sup>st</sup> 8:00am-12:30pm
- Saturday, October 1<sup>st</sup> 12:30pm-3:00pm

Are you volunteering with a group?

If yes, name of group:

Name of Group Leader:

Phone:

Return completed form to:  
 Hands-on House ♦ 721 Landis Valley Rd. ♦ Lancaster, PA 17601 ♦ 717-569-KIDS

I, \_\_\_\_\_, parent and / or natural guardian of \_\_\_\_\_ specifically release and agree to indemnify and hold harmless the Children's Museum of Lancaster (hereinafter "Museum") from any and all liability for any claims, damages, and causes of action that might accrue to me, my child / children, or third parties as a result of her participation in the programs sponsored by the Museum or under supervision, care, and control of agents / employees of the Museum.

This Release and Waiver of Liability includes, but is not limited to any claims and causes of action that might arise as a result of any accident or incident arising out of the negligence, recklessness, or carelessness of the Museum, third parties, or myself.

I understand, acknowledge, and agree to the above terms.

\_\_\_\_\_  
(Signature of parent / natural guardian)                      (date)