

Smoky Mountain Bike Skill Course Volunteer Registration

Volunteers are asked to commit at least
two hours to the event.

April 29, 2017 8:00 AM - 2:00PM

Location: Maryville Farmers Market.

Founders Square, East Broadway, Maryville TN

PRINTED NAME: _____

ADDRESS: _____

(Street)

(City) (State) (Zip)

E-mail: _____

Cell PHONE: _____

I recognize that the activity for which I am volunteering involves a risk of injury as does any athletic activity. I waive and release any and all right and claims for injury or damages resulting from this event and agree to hold harmless the sponsors and volunteers of this event for any and all injuries suffered by me or others while participating in this activity.

Signature: _____

Date: _____

Return Registration: Fax 865-982-3808 or email: DonnaSueDixon@hotmail.com

Mail: Smoky Mountain Wellness, P.O. Box 1020, Alcoa, TN 37777

SmokyMountainWellness.com Donna Dixon, R.N./R.C.E.P.
donnasuedixon@hotmail.com 865-803-8887

Do you have certification in CPR ___ or First Aid ____? Do you speak a second language? Which _____

Would you be available for Set Up at 7:30 _____ or Take down 1:00 _____?