

Black and Blue
Volunteer Application

Please complete every field and sign the Waiver of Liability

Volunteer Name _____
Team Affiliation (if applicable) _____
Community Group (if applicable) _____
Are you the Community Group Captain (please circle): yes no
Volunteer Mailing Address _____
City _____ State _____
Zip Code _____ Phone Number _____
E-Mail Address _____
Gender (please circle one) Female Male
Age (as of race day) _____ T-Shirt Size (men's size) _____
Preferred Exchange Zone Location _____
Preferred Volunteer Hours _____

Waiver of Liability (must be completed by every volunteer)

I hereby certify that I am physically able to fulfill the volunteer responsibilities and have no medical conditions or allergies that affect my ability to assist in this event. For myself, my heirs, executors, administrators, legal representative, assignees, and successors in interest (collectively "Successors") I HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, PROMISE NOT TO SUE AND INDEMNIFY the Black and Blue, its agents, servants, employees, officers, and directors; the Black and Blue, its sponsors, volunteers, teams, cyclists, team support staff, and organizations hosting exchange zones, their agents, servants, employees, officers, and directors; the States of Virginia and North Carolina, their agents, servants, employees, officers, and directors; the Blue Ridge Parkway, its agents, servants, employees, officers, and directors; and Grayson Highlands State Park, its agents, servants, employees, officers, and directors; (collectively, the "Released Parties") FROM ANY and all rights and CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASED PARTIES' OWN NEGLIGENCE, which I have or which may hereafter accrue to me and from any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with this event, or travel to or from this event. If any dispute arises between me and the Black and Blue or between me and any of Black and Blue's officers, directors, employees, agents or other participants in Black and Blue activities, I agree to submit the dispute to binding arbitration in accordance with the Commercial Arbitration Rules of the American Arbitration Association ("AAA"). Such arbitration shall take place in Ashe County, North Carolina before a single arbitrator agreed upon by the parties, or selected by the AAA in absence of such agreement. The prevailing party shall be entitled to recover its actual monetary losses; however the Arbitrator shall not award incidental, consequential, multiple, punitive or special damages or otherwise make any provision, finding of fact, rule, order or award that would provide the prevailing party with greater than such party's actual out-of-pocket losses.
I HAVE READ THE ABOVE WAIVER OF LIABILITY, I UNDERSTAND IT AND WITH MY SIGNATURE I AGREE TO ALL OF ITS TERMS AND CONDITIONS. IN ADDITION, I HAVE READ THE RULES AND REGULATIONS OF THE BLACK AND BLUE AND AGREE TO ABIDE BY THEM. IN ADDITION, I PERMIT THE BLACK AND BLUE TO RELEASE RESULTS AND PHOTOGRAPHS TO THE MEDIA, ON THE BLACK AND BLUE WEBSITE, AND FOR BLACK AND BLUE PROMOTION WITHOUT RESTRICTION AND WITHOUT COMPENSATION.

(please print your name)

(please sign your name and date)