

A 501(C3) Non-Profit Organization

P.O. Box 82311 Los Angeles, CA 90082

OFFICE USE ONLY			
Review By			
Status		==	
Other Info			

Office: (323)839-5012 Fax: (323)291-2582 Email: info@innercitycycling.org www.innercitycycling.org

EVENT NAME		D	ATE
VOLUNTEER INFORMATION			
Name			
Address			
City			
State	Zip		
Business Phone	1	Cell Phone	
Email Address		Website Address	
DESCRIPTION OF WORK TO BE PERFORMED		STARTING AND ENDING TIME	NUMBER OF HOURS
YOUR VOLUNTEER HOURS MIGHT BE ELIGIBL CONNECTION, INC. REPRESENTATIVE FOR DE		 WE ARE NON-PROFIT. CONSULT WITH OR	NE OF OUR INNER CITY CYCLING
	ه د بلد بلد بلد بلد باد		
	****NO	TICE****	
I ACKNOWLEDGE THAT BY SIGNING THIS DOCUM	MENT, I AM ASSUMING THE RISKS	ASSOCIATED WITH CYCLING, AGREEING TO	INDEMNIFY, NOT TO SUE AND
RELEASE FROM LIABILITY INNER CITY CYCLING C			
AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS,			
SUBSTANTIAL LEGAL RIGHTS. THIS ENTRY BLAN			
CYCLING CONNECTION, INC., ACTIVITIES REGAR TO THE FACT THAT INNER CITY CYCLING CONNEC			
SUSTAINED OR LOSS OF PROPERTY DURING PAR			EINBELTON / INT INSOMES
IN ADDITION, BY SIGNING THIS VOLUNTEER REC	GISTRATION FORM, I AM AGREEII	NG TO ALL TERMS AND CONDITIONS SET FOR	RTH WITHIN.
,, , , ,	•	tage, and voice of the student listed in this on nal purposes (website, twitter, facebook, in	
ADDITIONAL COMMENTS			
VOLUNTEER SIGNATURE	DATE	INNER CITY CYCLING CONNECTION, INC. REPRESENTATIVE SIGNATURE	TITLE DATE