



VOLUNTEERS MAKE IT HAPPEN!

Dear Friends,

Calling all volunteers:

It takes a lot to produce a safe and successful Pancreatic Cancer Research Walk. That's why we need volunteers! More than 100 volunteers are needed on walk weekend to make sure that the Pancreatic Cancer Research Walk is a rewarding experience for all of our participants.

Walk day!

Volunteers are needed to help out in the following areas: set-up, registration, greeters/crowd control, distributing refreshments, working at rest stops, assisting along the route and cheering walkers across the finish line.

If your friends and family aren't walking with you, encourage them to volunteer.

We need volunteers for our walks in areas like New York, Chicago, Boston, California, and more. Putting on such a massive event requires time and energy commitments from volunteers like you. We ask that you once again help us to make this year's walk series a success.

To sign up as a volunteer, please fill out the attached form below. Mail to:

**Lustgarten Foundation
Attn.: Suzanne Beck
1111 Stewart Avenue
Bethpage, NY 11714.**

Or you can fax it to 516-803-2303.

**If you have any questions please contact
Suzanne Beck at 516.803.2913 or email: sbeck@cablevision.com.
You may also visit our website at www.lustgarten.org.**

All registered volunteers will receive a follow up packet via e-mail or mail. Please indicate which walk you are interested in volunteering for.

On behalf of the Lustgarten Foundation for Pancreatic Cancer Research, we thank you for years of invaluable support and greatly appreciate your consideration of helping again at our Pancreatic Cancer Research Walks!

Sincerely,

The Lustgarten Foundation



CURE PANCREATIC CANCER

• LUSTGARTEN FOUNDATION •

I'd like to volunteer for the following Walk:

- Albany** **Allentown** **Arizona** **Boston** **California**
 Chicago **Dallas** **Denver** **Paramus** **Pennsauken**
 New York **Other** _____

All registered volunteers will receive a follow up packet via e-mail or mail.

___ Mr ___ Ms ___ Miss ___ Mrs ___ Dr

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ ST _____ ZIP _____ E-MAIL _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ Date of Birth _____ Male ___ Female ___

Company/Organization/School _____

Will you have your cell phone on event day and allow us to give your captain your number?

___ Yes ___ No

Have you previously volunteered? If so, When _____

Please sign me up to Volunteer for the following:

___ **Saturday**, day before the walk all day (Noon to 6:00pm)

___ **Sunday**, day of the walk all day (7:00 am to 2:00pm)

___ **Sunday**, day of the walk morning only (7:00 am to 12:00pm)

Please let us know:

___ I require a seated position ___ I can do some lifting ___ I can do heavy lifting

___ I'm interested in being a volunteer captain, please send me additional information

I am interested in doing: **registration** **set-up** **rest stop** **refreshments**

team photos **other** **safety marshal**

Participant Waiver:

In consideration for being permitted to participate in the Pancreatic Cancer Research Walk, I hereby for myself, my heirs, and personal representatives assume any and all risks, which might be associated with the event. I further waive, release, discharge and covenant not to sue The Lustgarten Foundation, Nassau Community College, CSC Holdings, Inc., its parents, subsidiaries, affiliates and/or assigns (collectively "Cablevision"), Chicago Park District and the City of Chicago, Commonwealth's Department of Conservation and Recreation, any venue at which a walk or run is taking place, or their respective officers, directors, employees, sponsors, organizers, volunteers, agents related entities, or other representatives, or their successors and assigns for any and all inquires and damages of any kind whatsoever suffered as a result of taking part in the event and any related activities. I agree that I am volunteering to participate in the Walk, and understand that I will not receive any payment whatsoever, from the Lustgarten Foundation or Cablevision Systems Corporation or any other entity, for my voluntary participation in or preparation for participation in the Walk. I hereby irrevocably grant to the Lustgarten Foundation and Cablevision (the "Licensed Parties"), as well as their respective licensees, affiliates, subsidiaries, successors and assigns, for myself and my heirs, the unrestricted right to reproduce, publish and otherwise use, my name, photograph, image, likeness, voice and other sound recordings of me, and/or testimonial statement ("image, Voice and Statement"), as photographed, captured, and/or recorded at the event for use in promoting Cablevision and /or The Lustgarten Foundation, in perpetuity, in any and all media worldwide. I hereby waive any right I may now or hereafter have in any residuals, reuse and/or other fees or compensation of any kind by reason of the Licensed Parties' use of my Image, Voice and Statement as provide herein.

Signed _____

Date _____

Guardian's Signature (for participant under age 18) _____